



**Illinois Statewide Transition Plan for Compliance with
Federal Settings Rule Requirements
For 1915(c) Home and Community-Based Services Waivers**

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Summary of Revisions to Illinois' HCBS Waiver Statewide Transition Plan

The following is a brief listing of major additions/changes made to this Statewide Transition Plan since the previous version was posted to Illinois Healthcare and Family Services' website on February 1, 2017.

New Sections

- Table of Contents
- Appendix A – Major Rule, Policy and Form Changes Relating to Federal Settings Requirements
- Appendix C – Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016
Sorted Alphabetically by Agency, County and City
(Street addresses not included per federal CMS privacy guidance in [SMD # 19-001](#))
- Appendix D – Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016
Sorted Alphabetically by County, City and Agency
(Street addresses not included per federal CMS privacy guidance in [SMD # 19-001](#))
- Appendix H – Written and Verbal Comments Received in Response to Illinois Statewide Transition Plan Posted 2/5/2020 and State Responses
- Appendix I – Information on Commenters – Sorted by Type and by Highest to Lowest Percent
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- Appendix L – Top 10 Themes Based on Number of Comments Received
- Appendix M – Public Notice for Draft Statewide Transition Plan – 2/5/2020
- Appendix N – Public Notice of Webinar Presentations – 2/5/2020
- Appendix O – Provider Notice – 12/31/2015

Updated Sections

- Executive Summary
- Appendices B-1 through B-5 - System Remediation Grids
- Appendix F – Heightened Scrutiny Sites
- Appendix G – Action Steps to Bring Illinois Into Compliance

A number of appendices included in the Illinois Statewide Transition Plan (STP) posted on February 5, 2020 as well as previously posted versions have been moved to the Illinois STP webpage for retention as historical documents. Hyperlinks for these documents are below.

- [Appendix H](#) [UIS Residential Settings Report](#)
- [Appendix I](#) [UIS Non-Residential Settings Report](#)
- [Appendix J](#) [First Public Notice](#)
- [Appendix K](#) [Second Public Notice](#)
- [Appendix L](#) [FLYER – Regional Public Listening Forums](#)
- [Appendix M](#) [Public Notice - 12/4/2015](#)
- [Appendix O-1](#) [Summary of Public Comment](#)
- [Appendix O-2](#) [Summary of Public Comment on Revised Plan](#)
- [Appendix O-3](#) [Summary of Public Comment on Revised Plan](#)

EXECUTIVE SUMMARY

Overview

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) published final regulations that pertain to Home and Community-Based Services (HCBS) programs, including programs run under the authority of subsections 1915(c), 1915(i), and 1915(k) of the Social Security Act. The new regulations are located at 42 CFR 441.301(c) and 441.710(a) (1) (2). The regulations, which were finalized on March 17, 2014, require that any setting that provides Medicaid services under subsections 1915(c), 1915(i), or 1915(k) demonstrate the characteristics of a community-based, rather than an institutional setting, and the regulations provide guidance to distinguish the two. Under the new rule, states that provide Medicaid services through any of those three subsections of section 1915 of the Social Security Act must ensure that their HCBS provider settings comply with the new regulations by March 17, 2023. This transition plan outlines Illinois' assessment of its nine current 1915(c) HCBS Waiver programs in relation to the regulations and describes the state's strategies to comply with the rules. This plan and many supporting materials are also available at: <http://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx>.

Background and Summary of New HCBS Rule

CMS finalized the HCBS rule after five years of deliberation and public input. This rule is designed to enhance the quality of home- and community-based services, provide additional protections to HCBS program participants, and ensure that individuals receiving services through HCBS programs have full access to the benefits of community living. All HCBS providers must comply with various home and community-based setting requirements by March 17, 2023. Settings unable to meet those requirements by that date are barred by federal law from participating in a Medicaid HCBS waiver program. The rule's requirements include mandates that settings be integrated in, and support full access to, the community; be selected by participants from among setting options; ensure individual rights of privacy, dignity, respect, and freedom from coercion and restraint; optimize autonomy and independence in making life choices; and facilitate choices regarding services and who provides them. The rule adds additional requirements for provider-owned facilities. It also excludes institutional settings as qualifying for designation as HCBS settings, and lists types of settings that must be presumed to be institutional. For sites that must be presumed to be institutional, the State may present evidence to CMS of their community character, with CMS applying a heightened scrutiny process to determine whether the setting qualifies as an HCBS setting.

Overview of Illinois Medicaid HCBS Settings Affected by the Rule

Although Illinois currently does not operate any programs under sections 1915(i) and 1915(k) of the Social Security Act, the single state Medicaid agency – the Department of Healthcare and Family Services (HFS) – does provide administrative oversight and management of nine HCBS waiver programs under section 1915(c) of the Social Security Act. HFS delegates operations of eight of the nine waiver programs to sister

state agencies including the University of Illinois at Chicago Division of Specialized Care for Children (DSCC), the Illinois Department on Aging (IDoA), and the Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD) or Division of Rehabilitation Services (DRS). HFS operates one waiver program – the Supportive Living Program. The waiver programs and their operating agencies are:

1. HCBS waiver for Adults with Developmental Disabilities (DDD)
2. Residential Services for Children and Young Adults with Developmental Disabilities (DDD)
3. Support waiver for Children and Young Adults with Developmental Disabilities (DDD)
4. HCBS waiver for Children Who Are Medically-Fragile, Technology-Dependent (DSCC)
5. HCBS waiver for Persons who are Elderly (IDoA)
6. HCBS waiver for Persons with HIV or AIDS (DRS)
7. HCBS waiver for Persons with Brain Injury (DRS)
8. Persons with Disabilities (DRS)
9. Illinois Supportive Living Program (HFS)

Illinois provides services under these nine waivers in participants’ homes, in non-residential settings outside their homes, and in residential settings with most HCBS waiver services provided to waiver participants in their homes. HCBS non-residential services include Community Day Services (formerly Developmental Training) Programs provided under the Adult DDD waiver, Adult Day Services provided under the waiver for Persons who are Elderly, and Adult Day Care and other services provided under the three DRS waivers.

Development of the Illinois Statewide Transition Plan

The following table provides an overview of key dates in the development of this Plan:

First Draft Plan Published for Public Comment	January 15, 2015
Notice to Tribal Governments of First Draft Plan	January 19, 2015
End of Public Comment Period for First Draft of Plan	February 15, 2015
Submission of First Draft Plan to CMS	March 16, 2015
CMS Feedback to Illinois on First Draft Plan	July 30, 2015
Notice to Tribal Governments of Second Draft Plan	November 25, 2015
Second Draft Plan Published for Public Comment	December 4, 2015
End of Public Comment Period for Second Draft of Plan	January 18, 2016
Submission of Second Draft Plan to CMS	February 29, 2016

Current Plan Published for Public Comment	November 9, 2016
Notice to Tribal Governments of Current Plan	November 9, 2016

In the spring of 2014, HFS convened an LTSS interagency workgroup comprised of representatives of HFS, DDD, DRS, IDoA, DSCC, and the DHS Division of Alcoholism and Substance Abuse (DASA) and Division of Mental Health (DMH). The workgroup met 24 times over a 20-month period. On January 15, 2015, HFS posted a notice soliciting public input on the draft Statewide Transition Plan. In addition, Illinois informed and sought feedback from its representative of the Tribal Authority or First Nation. On January 23, 2015, HFS also posted the draft Statewide Transition Plan on the HFS website. The website allowed stakeholders to provide feedback on the draft Plan through its web portal. Stakeholders were also provided with a telephone number to request a written copy of the proposed Transition Plan and to provide verbal feedback.

To further inform development of the Statewide Transition Plan, HFS hosted six public listening forums, attended by 175 stakeholders, in multiple, accessible locations across the state. Forums were publicized on the HFS website and by notice to advocacy groups, provider associations, and consumer groups. HFS also hosted a webinar on February 9, 2015, in order to solicit additional feedback on the draft Statewide Transition Plan. Two hundred sixty-five individuals participated in the webinar.

All feedback submitted was reviewed by State staff and incorporated into the draft Plan as appropriate, with a total of 184 individuals providing feedback through various mechanisms. After reviewing and incorporating this feedback, Illinois submitted its first draft transition plan to CMS on March 16, 2015.

On July 30, 2015, HFS received CMS’s feedback on the first draft plan. From July through December 2015, the operating agencies and the members of the Transition Plan Workgroup met an additional seven times to further review public comment, respond to CMS’s feedback, and revise the draft Plan accordingly. On December 4, 2015, the State released its revised draft plan for public comment by publishing official notice in the Illinois Register and posting the plan to its website. The State solicited public comments by mail, email, or phone, and it also made the plan available in paper form. In addition, the State issued an electronic provider notice on December 31, 2015 to its HCBS providers inviting their comment and encouraging providers to inform their clients of the opportunity to comment, further providing that HFS would accept public comments up to 15 days beyond the 30-day public comment period deadline of January 3, 2016. The notice was posted on HFS’ website as well as emailed to all Operating Agencies with a request to distribute it to their Provider email contacts. The link to the notice is:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn151231a.aspx>. To supplement these efforts to solicit public comment, HFS led an HCBS Plan informational session with representatives from provider and advocacy groups on December 10, 2015, and participated in another provider group meeting on January 14, 2016, to answer questions and hear feedback on the plan. As a result of these efforts, HFS received 72 public comments on the revised draft plan. All of the public comments HFS received in response to its initial plan and its revised plan informed the revised version of the plan submitted to CMS on February 29, 2016.

Between February and November 2016, HFS presented information on this Transition Plan at two stakeholder forums. The operating agencies and members of the Transition Plan Workgroup also met an additional 24 times to discuss revisions to the STP, review site assessments, and discuss systemic remediation. On November 9, 2016, HFS posted the newly revised draft plan to its website, soliciting public comments by mail, email, or phone. As with its previous public comment period, the State issued an informational notice to its HCBS providers inviting comment. A summary of the 220 public comments received during this public comment period, along with the State's responses, appears in the new Appendix O-3.

Descriptions of Revisions to Draft

In its review of public comments to the initial draft of the plan, HFS categorized public input into fourteen themes. Those themes, and the State's response to each of them, are listed in Appendix O-1. As the appendix shows, the State supported a majority of the comments and used them to improve the plan. This document also notes in several locations where public comment precipitated a change in the Statewide Transition Plan.

During the second public comment period, for the first revised draft of the plan, the State received 72 comments. The State categorized these comments into the same 14 themes it had drawn from the previous public input, and it also provided specific responses to each comment. A complete listing of the public comment summaries and the State's responses appears at Appendix O-2. Based on those comments, as well as the July 30, 2015, CMS feedback and a September 9, 2015, technical assistance call with CMS, HFS made several updates to the plan, all described in the previous version of the plan still available on the STP website.

This version of the Plan includes several more revisions. First, as with prior versions of the Plan, it includes responses to public comments as described above. Second, it includes an updated description of the State's site assessment efforts, with results of the initial assessment process. Third, it includes revised Appendix B's, which describe the State's review and plans for rule and policy revisions. Fourth, it includes a new Appendix F, listing the sites the State hereby presents to CMS for heightened scrutiny, along with a link to the evidence supporting that submission. Fifth, it includes a revised description of remediation efforts to be undertaken pursuant to this plan. Sixth, it includes a revised description of the heightened scrutiny process.

This last change was made in reaction to the many public comments that demonstrated the need to more clearly explain the process in this Plan. For that reason, a short explanation of the process is included here. The federal HCBS rule lists three types of sites that must be presumed to be institutional: those that are connected to a hospital, those connected to an institution, and those that have "the effect of isolating individuals receiving Medicaid HCBS from the broader community." This last prong is defined through CMS guidance, which the State has followed in classifying its settings. Because the federal rule requires that these sites be presumed to be institutional, sites in these categories are ineligible for continued participation in HCBS waiver programs, with one exception. The federal rule allows States to advocate for these sites through what CMS calls the "heightened scrutiny process." In the heightened scrutiny process,

the State may present evidence to CMS to argue that such sites actually are community-based and, if CMS accepts the State's presentation, those sites will be allowed to continue as HCBS waiver settings. Thus, the State's including a setting on the heightened scrutiny list is the State's declaration that it believes the setting to be community-based, and that it will present evidence to make that case to CMS.

The State thanks all the individuals and groups that took the time to review the draft Plan and to provide input.

Assessment of Current Level of Provider Compliance

Initial Setting Self-Assessment Surveys

To assess its providers' current compliance with the new HCBS rules, the State began by creating two provider self-assessment surveys—one for residential and one for non-residential settings—in collaboration with the University of Illinois at Springfield Survey Research Office. To ensure the appropriateness and effectiveness of the survey questions, each State agency reviewed them, and staff from several community-based HCBS waiver residential settings tested them.

The surveys began by asking settings to describe their location characteristics, so that the settings identified whether they are connected to, adjacent to, or share grounds with an institutional setting; are an institutional setting themselves; or are part of a farmstead, gated community, or multiple-setting campus. The surveys then asked a series of questions designed to track the new federal HCBS setting requirements. The question topics included matters relating to setting characteristics, levels of client access to the setting, access to community and community activities, transportation, meals, personal autonomy, and choice of care. Generally, the questions fell into two broad categories: those relating to level of client autonomy, and those relating to frequency of independent behaviors.

Between September and November 2014, the State sent surveys to all of the 252 community-based social service agencies that the State's interagency group had identified as operating residential HCBS waiver settings, and to all of the 218 community-based agencies operating non-residential HCBS waiver settings. The State asked the social service agencies to distribute the surveys to the settings they operated. The State followed up with a reminder and a second set of surveys, and it also called nonresponsive settings to obtain answers via telephone. In addition to these efforts, to ensure that it had identified all HCBS providers subject to the new federal rule, the State consulted published provider lists, internal agency provider lists, licensing reports, provider billing submissions, and provider websites. As of February 2016, 1831 of the 1833 residential settings Illinois identified (99.89%) had completed surveys, and 425 of 433 non-residential settings (98.15%) had completed surveys. In all, the State obtained responses from 2256 of 2266 (99.56%) of settings it identified in the first stage of the on-site assessment process. Settings that did not return a survey were categorized as being out of compliance with the rule, and slated for an on-site assessment visit as outlined later in this document.

Copies of the letters of introduction, the residential and non-residential survey forms, the Executive Summaries, and the analysis of the responses to the surveys can be found at the HFS website, at <http://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx>. An analysis of the

results of the residential and non-residential surveys received as of the first draft of this transition plan is provided on HFS' Statewide Transition Plan website.

Categorization of Settings, and Scoring and Validation of Survey Results

a. State Methods for Categorization

Using the setting self-assessments described above, and also relying on a preliminary review of licensing and other data, the State divided its settings into the following four categories, all aligned with CMS guidance:

1. Settings that fully align with the federal requirements;
2. Settings that do not comply with the federal requirements but may comply with modifications;
3. Settings that are unable to meet the federal requirements and require removal from the HCBS program and relocation of individuals; and
4. Settings that are presumably not home and community-based (i.e., are presumed to be institutional), but for which the State may provide justification/evidence to federal CMS through the heightened scrutiny process to prove that the settings do not have the characteristics of an institution and do have the qualities of home- and community-based settings.

Before conducting on-site assessments, in accordance with the federal rule, the State preliminarily classified into Category 4 any sites that identified themselves (or whose readily available licensing or other data revealed them):

- to be hospitals, nursing facilities, intermediate care facilities, or institutions;
- as being physically connected or adjacent to one of those facilities;
- as sharing grounds with one of those facilities; or
- as otherwise having an isolating effect.

To interpret this last prong of the federal rule, which requires the State to place into Category 4 any settings that have the effect of isolating individuals, the State consulted CMS guidance specifically citing gated communities, campus settings, and farmsteads as setting types that tend to have isolating effect. Thus, the State as a preliminary matter placed into Category 4 all gated community, campus, and farmstead settings. (Note: Since then, CMS issued guidance on March 22, 2019 that replaced citations of specific settings types with information about factors it intends to take into account "in determining whether a setting may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS.")

As the State conducted its on-site assessments, it refined its list of Category 4 sites by (1) collaborating with operating agencies to remove duplicate or misidentified sites from the list; (2) using on-site assessor observations to remove sites that had improperly self-identified their location as one of the Category 4 types; (3) using operating agency familiarity with sites to remove sites falsely categorized as presumably institutional or add sites that should have been so categorized; and (4) adding sites that had not returned

surveys and whose site visits revealed them to belong in Category 4. Following these refinements, the State now identifies 87 settings that must be presumed to be institutional.

In its February 29, 2016, version of this plan, the State placed 10 sites—all of the sites that failed to return a self-assessment survey—into Category 3. Through continued efforts and record examination, the State identified an additional 22 sites that had not been surveyed, for a total of 32. All of those sites received an on-site assessment and were subsequently removed from Category 3.

For the remaining sites, the State aggregated its survey results based on the two broad question categories contained in the survey: those relating to level of client autonomy, and those related to frequency of independent client behaviors. Level of autonomy questions invited responses on a five-point Likert scale, with two positive responses (strongly agree and somewhat agree), a neutral response, and two negative responses (somewhat disagree and strongly disagree). Frequency of independent behaviors questions were assessed on a four-point scale, with two positive and two negative responses. Settings with an aggregate score above two—that is, an aggregate score that indicates a non-negative response—in both areas were deemed compliant and placed in Category 1. Any sites whose responses included an aggregate negative response for either or both of the two broad survey areas were placed into Category 2 and deemed non-compliant but capable of complying with modifications. Category 1 and 2 sites that received a site visit were recategorized based on the results of their site visit; those with seven or fewer areas of noncompliance on the 54-item tool were classified into Category 1, while those with more were classified into Category 2. Through this process, the State identified 2132 sites within Categories 1 and 2.

b. Description of Survey Result Validation Process

As suggested in CMS feedback and in public comments, the State used methods beyond the survey results to assess its settings' compliance with the federal HCBS rules. In addition to information it will continue to gather from the ongoing monitoring and compliance activities described below, the State conducted a survey validation process that comprised four layers. This survey validation process involved the State's HCBS waiver operation agencies (HFS, DHS, DMH, and Aging), stakeholders, the public, advocacy groups, providers, and individual clients.

First, the State invited feedback on its preliminary categorization of its HCBS settings by publishing a list of the sites it had placed in Category 3 and Category 4, and asking for public comment both on the listed sites and on any sites that should have been included. The State published this notice on April 1, 2016. It did not receive any responses.

Second, the State conducted on-site visits to all settings that it initially placed into Category 3 or Category 4. These on-site visits were conducted by the agency with normal oversight of the setting to be visited. That is, for example, HFS conducted the on-site visits for the Supportive Living Program, and DHS conducted the on-site visits for Community Integrated Living Arrangements. The precise procedures for these on-site visits, such as whether the visits were pre-announced and the timing of feedback to settings, varied minimally among the agencies, so that the on-site visit process aligned as much as possible with existing and ongoing monitoring efforts. In the State's view, this alignment approach minimized the

burden on clients, providers, and the State alike, and it facilitated future ongoing monitoring efforts. However, even with minor procedural differences, the core features of the on-site visits remained uniform: the visits included interaction with individual clients, record reviews, meetings with key setting staff, and reviews of individual plans, all by the agencies and personnel with the most experience with the setting in question. Most importantly, all on-site reviews were conducted based on an assessment tool the State devised based on published CMS guidance and adjusted based on stakeholder input. A copy of the tool appears in Appendix E.

Third, the State conducted on-site visits to a statistically valid sample of settings assessed in Categories 1 and 2. These visits were conducted in the same manner as the visits to the Category 3 and Category 4 visits. In all, the State conducted visits to 446 of its 2219 total sites. It visited all 101 sites that it initially placed in Category 3 or Category 4 as of the time of the site visits.¹ It also visited 281 sites that comprised a sample (using a 95% confidence interval) of Category 1 and Category 2 sites (as sites were initially categorized). The overall breakdown of the State’s site visits is depicted below, broken down by current site categorization.

Breakdown of Site Visits by Categorization

	DRS	Aging	SLP	DD	Total
Category 1	6	12	17	245	280
Category 2	0	0	3	76	79
Category 3	0	0	0	0	0
Category 4	4	6	31	46	87
Total	10	18	51	367	446

Fourth, the State conducted a desk review of a sample of all of the on-site visit results, and all of the Category 4 visit results. This desk review was performed by a panel of participants from each of the HCBS operating agencies. This multi-agency team examined the assessment results in light of their knowledge of each site and other State records for the site, and they adjusted the final assessments of any sites whose results created inconsistencies. In addition to using this desk review to improve its setting assessment results, the group used this process to help determine which of the Category 4 sites should be submitted to CMS for heightened scrutiny, and through this process the State discovered common issues that warranted systemic remediation.

c. Results of Process

¹In February 2015, the State identified 165 Category 3 and 4 sites, but further work and investigation refined this number to 101 by the time site visits began. As described above in this document, information gathered from site visits and otherwise caused the State to remove several of these sites from Categories 3 and 4, so that the updated total of Category 3 and 4 sites is now 87. As also described above, the majority of the difference between the 165 figure and the 87 figure is attributable to the movement of Category 3 sites to lower categories.

The on-site visits began on April 25, 2016 and ended on September 30, 2016. The State used information gleaned from the initial self-assessment survey, on-site visits, and agency desk review, to reach the following updated breakdown of its HCBS sites' current compliance with the HCBS Rule.

Overall Site Categorization

	DRS	Aging	SLP	DD	Total
Category 1	26	61	88	1588	1763
Category 2	5	16	22	326	369
Category 3	0	0	0	0	0
Category 4	4	6	31	46	87
Total	35	85	146	2023	2219

Comparison of the self-assessment survey results and the results of the site visits proves the surveys to have been quite accurate. The following table tracks the categorization of the 446 sites that received visits, before and after their visits.

Number of Sites in Each Category Before and After Site Visits

	Aging		SLP	
	Self Assessment	After Visit	Self Assessment	After Visit
Cat. 1	11	12	11	17
Cat. 2	1	0	5	3
Cat. 3	0	0	9	0
Cat. 4	6	6	26	31
	DRS		DDD	
	Self Assessment	After Visit	Self Assessment	After Visit
Cat. 1	6	6	276	245
Cat. 2	0	0	35	76
Cat. 3	0	0	23	0
Cat. 4	4	4	33	46

Much of the movement in the above chart is attributable to the clearing of Category 3 sites, which migrated both downwards and upwards in very roughly equal numbers. With that migration set aside, the above chart shows that the self-assessment survey results were largely unchanged by the survey validation visits.

At the end of this four-layered, multi-agency validation process, the State believes that it has formed very reliable assessments. Those assessments, however, will be further checked and reinforced by the remediation and ongoing monitoring processes that will follow.

Remediation and Compliance

Provider Remediation and Compliance

Now that it has concluded the survey validation process, the State has several sources of information regarding its HCBS settings' compliance with the new federal rule, chief among them the self-assessment surveys and the results of the on-site visits and multiagency desk audits. The State began its remediation process by publishing a provider informational notice listing all of the measures its HCBS settings are expected to meet. For sites deemed out of compliance with the HCBS rule, the State, through the agency that operates the provider's waiver program, informed the setting of the State's findings and advised the settings of the State's expectations for remediation. Although the wording and mode of conveyance of the message varied slightly among the operating agencies delivering it or based on the nature of the provider, the messages as a rule apprised the setting of the rule requirements, of areas it needs to change, and of the expectations for compliance. Sites that required very minimal remediation were not asked to affirmatively submit evidence of remediation, but they were informed that full compliance must be demonstrated at their next regular monitoring visit, which will occur before the effective date of the HCBS Rule. Other sites were asked to submit evidence of remediation to the State or were given a timetable for compliance. Each agency also communicated with Category 4 settings to describe the heightened scrutiny process and ensure that the State had all evidence the site could provide to CMS to advocate for those sites. A significant amount of subsequent guidance has been issued by federal CMS in the time since the final rule was first issued. Illinois is using the lessons learned from its previous assessment efforts as well as information from subsequent guidance to incorporate the necessary changes as appropriate for waiver programs' assessment, remediation and compliance processes. Illinois considers it very important to ensure all settings are being measured in accordance with federal guidance.

The State Agency that operates each program will monitor remediation efforts of settings in its own program and communicate progress to the Medicaid agency. All sites will be required to be fully compliant by March 17, 2023.

To supplement this site-specific remediation procedure, the State will also pursue systemic remediation as described below.

Systemic Remediation and Compliance

Much of the above focuses on the State's efforts to assess and obtain providers' compliance with the HCBS regulation. The State has also undertaken several steps to detect and fix compliance issues that are sufficiently prevalent, or sufficiently reliant on statewide policy, to require systemic remediation.

The State's systemic remediation process began with a review of its statutes, rules, and policies for HCBS settings. To conduct this review, in calendar year 2016, the State convened four meetings among the legal and program staff of each of the state agencies involved in this plan to devise and track a work plan that the State followed throughout the year. From that group's work, the State has created a matrix, duplicated in Appendix B-1 through B-5, that identifies relevant state rules and policies that either already conform to the federal rule or must be revised. That appendix, which is revised from previous versions of

this plan, shows the results of the State’s review of its statutes and rules, and its timelines for updating them. The State has undertaken redrafting of its rules as needed, and it plans to submit them to the rulemaking process as detailed in Appendix B-1 through B-5.

The State has also reviewed its provider agreements, including its managed care contracts, to maximize alignment between State policies and the HCBS rule. The State has drafted language to add to its Medicaid provider contracts to require compliance with the HCBS rule; those changes have been incorporated. It has also drafted language to require that managed care entities, which now enroll approximately 65% of the State’s Medicaid clients, both require and confirm that the HCBS rule’s mandates are followed in their service planning and delivery systems. That new managed care language was included in the State’s managed care contracts in December 2019.

Relatedly, to ensure that rates remain appropriate for the services provided through its HCBS programs, the State will continue to evaluate, rebase, or negotiate its provider rates as required by commitments made in its HCBS waiver agreements with CMS.

In concert with its planned rule and policy changes, the State is undertaking training and information efforts to support the systemic protections described in new federal rule. For example, to support the new rule’s prohibition on client coercion, the Supportive Living Program is updating its administrative rules to describe coercion and include descriptions of resident rights to be free from coercion. In June 2017, DDD revised the “Rights of Individuals” document (IL462-1201) it gives to HCBS waiver clients to include the right to be free from coercion; it also provides a description of coercion. DDD has implemented system changes that shifted service plan development to one of eight independent service coordination agencies in a total of 12 service areas. As detailed in Appendix B’s System Remediation Grids, the Operating Agencies offered a number of trainings and other informational opportunities to providers and other stakeholders regarding federal settings requirements.

The State used the results of its on-site assessments of individual settings to further inform its systemic remediation efforts. As the on-site visits progressed, the State noticed recurring issues, and it used its interagency desk reviews as a forum for identifying and addressing those issues, which included further development of policies to align with federal settings requirements, additional study of lease documentation and language, and a focus on inclusion of anti-coercion language in provider policies.

The state is also working to ensure that participants and providers are compliant with the requirements and criteria of Federal Settings requirements, through changes to Operating Agencies’ rules, policies and related forms. See Appendix A for more details.

Heightened Scrutiny

As noted above, the federal rule requires that settings with certain attributes be presumed to be institutional. That is, the federal rule requires all settings attached to a hospital or institution, or any setting that has the effect of isolating clients, to be presumed to be institutional. The State has followed this guidance in creating its list of Category 4 sites.

Under the federal rule, a state may continue to include Category 4 settings in its Medicaid HCBS programs only if (1) the State believes that the setting is truly home- or community-based, despite the presumption created by the rule; (2) the State presents evidence to CMS to support its position; and (3) CMS determines through its heightened scrutiny process the state has demonstrated that the setting qualifies as HCBS under the new rule.

The State followed the federal rule and presumed to be institutional all sites that are now placed in Category 4. Consistent with the federal process for these settings, the State has included with this document Appendix F which lists the sites currently proposed as heightened scrutiny sites. The State collected the evidence for each site through its own record searches, through results of on-site visits, by soliciting evidence submissions from the sites themselves, and by collecting public comments on the listed sites. The evidence gathered previously that is associated with these sites is available at the following link: <https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HeightenedScrutiny.aspx>.

The process by which the State will be working to update information in the evidentiary packages is described in Appendix F. Waiver agencies will be coordinating as needed with their respective waiver sites that are on Illinois' current heightened scrutiny lists to update the information in their evidentiary packages. Updated packages will then be posted on HFS' website for a 30 day public comment period; waiver agencies will have links on their websites to their respective packages. Any future sites identified through ongoing monitoring efforts as appropriate for heightened scrutiny review will be handled in the same manner.

Ongoing Monitoring

As part of its current waiver oversight process, the State already schedules regular visits to gauge provider compliance with performance and other quality requirements contained in the State's HCBS waivers or in State policy. To monitor HCBS rule compliance on an ongoing basis, the State will incorporate the rule into these regular compliance reviews. In response to several public comments, the State will also ensure that these provider visits include interaction with individual waiver participants. Regularly scheduled audits will also incorporate reviews of all revised materials, including the participant-centered plans that note the options offered and the choices made by the participant or his or her guardian.

Just as for settings that fail to comply with other waiver requirements, settings found during these regular reviews to be out of compliance with the new regulations will be required to submit a corrective action plan. Failure to complete that plan will jeopardize the setting's participation in the waiver program. Progress on the corrective action plan will be monitored at each site visit, as well as by the State through a requirement that settings submit appropriate documentation as evidence of their progress toward compliance. Corrective action plans created during the transition period leading up to the effective date of the federal rule may span significant periods of time so long as the plan would conclude before the effective date. Corrective plans required after the effective date of the rule, however, would require immediate remediation.

Relocating HCBS Waiver Participants

The State intends to work with HCBS waiver providers to bring their settings into compliance with the new regulations. Compliance will create the least disruption for clients, providers, and the social service system as a whole. The State recognizes, however, that remediation actions may fail, and that some settings that are presumed to be institutional will either forgo or fail heightened scrutiny review. For those settings, the State must relocate any participants who wish to continue to receive HCBS waiver services, and it must do so before March 17, 2023. The State's relocation procedure will follow several steps. First, the State must identify which sites cannot or will not comply with the new federal requirements. As 2018 approaches, the State will prioritize this task, in order to leave as much time as possible to coordinate a successful transition. Second, and relatedly, the State will notify affected participants, and their families, guardians, and representatives as soon as possible of the need to relocate. Third, the State will work within existing structures to afford participants an informed choice of available options. Consistent with client choice, the State will make every effort to relocate affected clients to the most integrated setting appropriate to their needs and close to family and friends. Because the State's waiver programs already include mechanisms for transitioning clients out of waivers or for finding them appropriate waiver providers, these efforts will be led by the state agency that operates the waiver program in which affected clients participate. However, depending on the number of displaced waiver participants, the State may also convene an interagency workgroup, as it has for multiple *Olmstead*-related projects and other rebalancing efforts, to assure that displaced participants are relocated safely and timely.

Action Steps and Timetable to Bring Illinois into Compliance

The work plan illustrating Illinois' identified action steps and timeline for all deliverables to bring the State into compliance with the federal rules may be found in Appendix G of this Plan. This document, along with the implementation of the Statewide Transition Plan, is viewed as a fluid process. As the State continues its assessment and remediation strategies, it may discover additional policies, procedures and forms that will require modification, and it may alter its timelines to fit the realities it encounters during implementation.

Illinois' DHS Division of Developmental Disabilities (DDD) will work in conjunction with DHS BALC, other areas of DHS, HFS, stakeholder groups and others as needed to focus on the following:

- Review and revise its Settings assessment tool, protocols for person centered plan review and individual interviews in order to be able to confirm compliance with federal settings requirements for non-residential and residential settings, including additional requirements for provider-controlled residential settings.
- Coordinate with all licensed CILA agencies to confirm physical addresses for all of their CILA sites, provider-controlled status of each site and whether a site is stand-alone or part of a larger building,

- DDD will issue an Information Bulletin directing all providers to implement leases and/or rental agreements for all provider-controlled sites, etc.
- Develop and implement training for educating providers about settings requirements (both residential and non-residential) as well as additional requirements for provider-controlled residential settings. Include the training materials and any webinar recordings on DDD’s training (<http://www.dhs.state.il.us/page.aspx?item=45209>) and webinar (<http://www.dhs.state.il.us/page.aspx?item=64639>) websites.
- Conduct new assessments and interview protocols for the following:
 - All current heightened scrutiny waiver sites;
 - All sites with a clustering of different service types, in order to determine “whether a setting may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS”. (See [SMD # 19-001](#), Question #2)
 - All Community Day Service agencies serving 100 or more individuals in one building, to ensure they meet the qualities of home and community-based settings as defined in the federal settings rule (see 42 CFR 441.301(c)(4)(i) through (v)). A letter will be sent in advance of an assessment to gather current information on site configuration, the number of people being served, etc.
 - Other waiver sites identified as needing an assessment, either based on patterns identified through assessments conducted in the above groupings or as part of ongoing monitoring efforts.
- Establish small group(s) responsible for reviewing assessment documentation to determine whether a site is appropriate for heightened scrutiny review, and if so, review the full evidentiary package prior to it being posted for public comment. Membership of group(s) to be determined; it will include an individual with intellectual or developmental disability who is receiving waiver services. DDD will arrange for any necessary support in order for the individual to have meaningful involvement.
- Review and revamp follow up, tracking mechanisms and databases as needed to ensure timely remediation and resolution of issues identified during on site assessments, including revisits if required to confirm resolution.
- Ensure there is an ongoing monitoring mechanism in place that arranges for assessment of waiver sites not visited during FY2020 or FY2021 using the updated assessment tool and related protocols; such assessments must be completed no later than October 31, 2021. States may submit to CMS isolating settings that have not completed necessary remediation for a heightened scrutiny review no later than October 31, 2021, (See [SMD #20-003](#))

Ongoing Communication Mechanism

The Listserv DHS.DDDComments is used by the DHS' Division of Developmental Disabilities (DDD) to notify its email list (which has representation from advocates, associations, family members, self-advocates, service providers, and others) regarding new initiatives, policy changes, status reports on various issues, draft and final information bulletins available on DDD' website, and other Division announcements.

Rule Updates

Illinois' DHS DDD is continuing to work to revise its rules to: reflect settings rules and subsequent guidance; reflect current policies and practices around conflict free case management; reflect practices that expand individual self-determination and independence; remove components of rules that could be perceived as institutional (e.g. access to food at any time, locking doors and privacy); and ensure that each individual living in a provider-controlled setting is issued a rental agreement or lease. All rule changes will be submitted in accordance with Illinois' administrative rulemaking and public comment processes, and are anticipated to be finalized no later than May 1, 2022.

Rates & Policy Changes

Illinois' DHS DDD worked with a diverse stakeholder group to create a list of policy and rate recommendations to positively impact and stabilize the waiver funded DD service system. As part of this process, Guidehouse (formerly Navigant Consulting) was engaged in Fall 2019 to develop waiver service definitions, rate methodologies and rates. The final rates report outlines new services and service rates that would address these needs (pending appropriation and waiver revision).

Not only will the Guidehouse Rate Study Report inform necessary changes to both rates and policy, but DDD will also work to further assess the system to understand the ways it can support the expansion of smaller settings and supportive living. In addition, the DDD is developing a Community Capacity Barriers & Expansion Report to assess the system. This would also include needs around physical accessibility, high behavioral, and high medical needs.

DDD supports CILA and home-based services being provided to the individual living in their own home and, when applicable, with other individuals with whom they choose to live. DDD also encourages all individuals served to seek, request and receive any and all subsidies available to assist with funding all available housing options.

These activities will help Illinois make great strides to:

- Incentivize community-based living and work;
- Move to a system that more accurately individualizes rates based on a person's needs;
- Ensure rates accurately reflect cost to provide services;

- Expand options for a meaningful day and move away from setting individual schedules around “programs”;
- Expand employment programs that result in competitive, integrated employment;
- Incentivize smaller residential group home settings and expand opportunities for individuals to control and occupy their own homes;
- Expand supportive housing options and opportunities for individuals with I/DD to control their own housing and support.

Initiatives

The Illinois DHS DDD is working to implement initiatives that will better reflect individual’s desires for work and community living:

- Employment expansion - Create pathways to employment for individuals with intellectual and developmental disabilities.
 - DDD is working with the State Employment Leadership Network (SELN) for support in system transformation.
 - DDD and the Division of Rehabilitation Services finalized a Memorandum of Understanding (MOU) in Fall 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system. DDD is working in conjunction with DRS to provide a more robust service array for individuals who are interested in work.
 - DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.
- Supportive Living - Expand on models that separate housing from services and ensure individual self-direction.
 - DHS will work with IDHS Supportive Housing Coordinator, the Illinois Housing Development Authority (IHDA) and the Illinois Council on Developmental Disabilities to evaluate how better to guide individuals and providers more directly to supportive living resources and self-directed services.
 - DHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers.
 - DDD will also provide training targeted to ISCs and others within the I/DD system.
 - DDD will provide webinars for individuals and providers as well as provider specific technical assistance, to support individuals to use the waiver to fund services in their own, individually controlled, home.
- Remote Supports - Expand the use of remote supports, and other technology, in order to support people to live more independent lives.

Stakeholder Feedback Mechanisms

Illinois' DHS DDD implemented the Developmental Disabilities Advisory Committee during Winter 2019. The DD Advisory Committee is comprised of individuals with DD, family members, stakeholders, association representatives, Independent Service Coordination agencies, advocates, provider staff and members of the Division, as well as staff representing other areas within IDHS or across agencies. It provides a formal process to engage stakeholders and solicit feedback on supports and services. Specifically, to:

- Provide feedback on policy and processes that DDD is implementing;
- Establish smaller workgroups (inclusive of additional individuals that can best inform the topic or work-group need) meant to create new policy, processes, training and/or other deliverables that will positively impact the service system; and
- Assist DDD in obtaining feedback from individuals with intellectual or developmental disabilities in order to better inform services.

Illinois' Developmental Disabilities Regulatory Advisory Board is separate from the DD Advisory Committee. The DD Regulatory Advisory Board is responsible for providing feedback to DDD on any rule changes that it is proposing for the rules governing services provided for all waiver services for individuals with intellectual or developmental disabilities. This Board is made up of a diverse stakeholder group, as defined by statute, that includes individuals with DD, providers, families and other stakeholders. Once reviewed by the Regulatory Advisory Board they are sent to HFS and then go through the formal rule-making process, including a public comment period.

The Illinois Council on Developmental Disabilities (ICDD) is 100% federally funded; its mission is to "help lead change in Illinois so all people with developmental disabilities exercise their right to equal opportunity and freedom." Its membership includes representatives from a number of state agencies, including the DHS' Divisions of Developmental Disabilities and Rehabilitation Services and the Departments on Aging and Healthcare and Family Services. ICDD provides regular feedback on policy decisions and system changes to the DDD. A presentation was made to the Council about the revised Statewide Transition Plan during the public comment period.

Self-Advocate Survey

DDD worked in conjunction with the Illinois Council on Developmental Disabilities and stakeholders from the Developmental Disabilities Advisory Committee to develop a self-advocate survey. The survey includes questions relating to satisfaction, feedback on the PCP process and issues relating to Settings requirements.

The DDD is also reviewing its Discovery Tool and Personal Planning Process. This will include a survey of ISCs and providers on the process. The process will involve making specific recommendations for process changes as well as create documentation processes for the ISCs to ensure progress towards outcomes. ISCs and providers will receive training on the new, updated process.

Conclusion

As the above makes clear, the federal HCBS rule requires a great deal of effort, planning, and change. But through those, the rules present an opportunity for states to ensure that their Medicaid participants have truly meaningful choices for home- and community-based long-term services and supports. With this plan, the State of Illinois believes it can seize the opportunity the rule presents.

Commenters on previous versions of the draft Statewide Transition Plan have expressed concerns regarding the issue of adequate appropriations and the need to expand service options available to individuals receiving services through Illinois' Home and Community-Based Services (HCBS) Waivers. The administration of Governor J.B. Pritzker is very committed to implementing significant minimum wage increases in Illinois and improving workplace retention. A number of rate increases have been incorporated into Illinois' HCBS Waivers through a series of waiver amendments. Policy changes are occurring that will assist in expanding service options and availability, including but not limited to: the Department on Aging's rule changes to clarify and update criteria for participant eligibility and minimum equipment specifications for the Community Care Program's Automated Medication Dispensers (AMD) program; the Department of Human Services (DHS)' Division of Rehabilitation Services' work to update its day habilitation services and prevocational services rules for individuals in the HCBS Waiver for Persons with Brain Injury; and DHS' Division of Developmental Disabilities creation of a new service code for Community Day Services provided off-site.

Appendix A

Major Rule, Policy and Form Changes Relating to Federal Settings Requirements

Rule Citation/ Hyperlink	Rule Heading	Rule Changes	Effective Date
ILLINOIS DEPARTMENT ON AGING PERSONS WHO ARE ELDERLY WAIVER			
<u>Forms and Policies</u>			
Form	Person-Centered Plan of Care		New 7/1/2019
Form	Person-Centered ADS Plan of Care Addendum		New 5/1/2019
Policy	Person-Centered Planning and the Development of a Person-Centered Plan of Care from the Community Care Program Comprehensive Assessment		New 7/1/2019
Policy	Adult Day Services Integrated Plan of Care		New 5/1/2019
<u>Rule 240 – Community Care Program</u>			
<u>89 IAC 240.330</u>	Freedom of Choice	Update to reflect federal settings requirements, including client right to be informed of all services/providers	1/1/2019
<u>89 IAC 240.340</u>	Confidentiality/Safeguarding of Case Information	Update to reflect federal settings requirements, including clarification that health/safety and fraud/abuse information in case file may be accessed	1/1/2019
<u>89 IAC 240.550</u>	Person-Centered Planning Process	Update to reflect federal settings requirements, including documentation that participant has been informed and provided choice of all available services and supports	Proj. Submission to JCAR May-June 2021. Proj. Adoption August 2021
<u>89 IAC 240.730</u>	Person-Centered Plan of Care	Update to reflect federal settings requirements, including person-centered summarization of options and vendors available to the participant	1/1/2019
<u>89 IAC 240.1550</u>	Standard Requirements for Adult Day Service Providers	Update to reflect federal settings requirements	1/1/2019

DIVISION OF SPECIALIZED CARE FOR CHILDREN, UNIVERSITY OF ILLINOIS AT CHICAGO MEDICALLY FRAGILE, TECHNOLOGY DEPENDENT CHILDREN WAIVER			
Note: None of the settings requirements are applicable, MFTD Waiver Services are delivered in home			

ILLINOIS DEPARTMENT OF HUMAN SERVICES, DIVISION OF DEVELOPMENTAL DISABILITIES ADULTS WITH DEVELOPMENTAL DISABILITIES, CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES – SUPPORT AND RESIDENTIAL WAIVERS			
<u>Forms and Policies</u>			
Form	Rights of Individuals	Revised 6/2017	
Form	Personal Plan	New 7/2017, Revised 5/2018	
Form	Discovery Tool	New 11/2017	
Policy	Person Centered Planning Policy and Guidelines	New 7/2017	
Policy	Implementation Strategies Guidelines	Updated 6/2018	
Policy	DD Community Services Agreement Attachment A	7/2018	
Policy	DDD Waiver Manual	Nov. 2019 – April 2022	
<u>Rule 115 – Standards and Licensure Requirements for CILAS</u>			
59 IAC 115.120	Definitions	Various Updates	Proj. Submission to JCAR 6/2021
59 IAC 115.200	Description	Add language to expand on individual rights/compliance with federal settings requirements	
59 IAC 115.220	Provider Support Team	Update to reflect federal settings requirements, including participant driven planning and activities	
59 IAC 115.250	Individual rights and confidentiality	Add language to strengthen this section	
59 IAC 115.300	Environmental management of living arrangements	Add language about furnishing, access	
<u>Rule 119 – Minimum Standards for Certification of Community Day Services Programs</u>			
59 IAC 119	Community Day Services	Add settings language	Proj. Submission to JCAR 6/2021
59 IAC 119.205	Criteria for Participation of Individuals	Delete outdated language	
59 IAC 119.232	Work activities	Add options and community access language	
59 IAC 119.240	Special Training Procedures	Add language regarding freedom from coercion and restraint	
<u>Rule 120 – Medicaid HCBS Waiver Program for Individuals with Developmental Disabilities</u>			
59 IAC 120.10	Definitions	Various updates, including definition of Children’s Group Home and federal settings requirements	Proj. Submission to JCAR 5/2021
59 IAC 120.70	Service provider requirements	Update to reflect federal settings requirements	
59 IAC 120.80	Program assurances	Add language regarding individual choice to this section	
59 IAC 120.100	Overview (under Individual Rights and Responsibilities)	Incorporate a statement of individuals’ rights and protections	

ILLINOIS DEPARTMENT OF HUMAN SERVICES, DIVISION OF REHABILITATION SERVICES PERSONS WITH BRAIN INJURY, PERSONS WITH DISABILITIES, PERSONS WITH HIV/AIDS WAIVERS			
<u>Forms and Policies</u>			
Form/in WebCM	Home Services Program Service Plan		Proj. Completion 10/1/2021
Form/in WebCM	Home Services Program Application and Redetermination of Eligibility Agreement		
<u>Rule 676 – Program Description</u>			
59 IAC 676.30	Definitions	Various updates	Effective 1/24/2019
<u>Rule 677 – Customer Rights and Responsibilities</u>			
89 IAC 677.10	Assurance of Customer Rights	Include written customer acknowledgement of rights	Effective 1/24/2019
89 IAC 677.40	Freedom of Choice	Include consumer participation in planning	Proj. Submission to JCAR 3/2021 Proj. Adoption 12/2021
89 IAC 677.100	Home Care Bill of Rights	Add new section to include consumer rights of dignity, informed choice	Effective 1/24/2019
<u>Rule 684 – Service Planning and Provision</u>			
89 IAC 684.10	Service Plan	Include consumer participation and choice	Effective 1/24/2019
<u>Rule 686 – Provider Requirements, Type Services and Rates of Payment</u>			
89 IAC 686.100	Adult Day Care Provider Requirements	Require HCBS setting compliance	Proj. Submission to JCAR 5/2021 Proj. Adoption 12/2021
89 IAC 686.910	AIDS Case Management Provider Responsibilities	Include consumer participation in service plan	Effective 1/24/2019
89 IAC 686.1010	Brain Injury Case Management Provider Responsibilities	Include consumer participation in service plan	Effective 1/24/2019
89 IAC 686.1200	Day Habilitation Services Provider Requirements	Require HCBS setting compliance	Proj. Submission to JCAR 5/2021 Proj. Adoption 12/2021
89 IAC 686.1300	Brain Injury Prevocational Services Provider Requirements	Require HCBS setting compliance	

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES SUPPORTIVE LIVING PROGRAM WAIVER			
<u>Forms and Policies</u>			
Form	Supportive Living Program Application	8/2016	
Form	Interim Certification Review Tool	6/2017	
Form	Annual Certification Review Tool	6/2017	
Form/Policy	Person-Centered Plan and Process	7/2017	
Rule 146 – Specialized Health Care Delivery Systems			
89 IAC 146.205	Definitions	Various updates	Proj. Submission to JCAR May-June 2021 Proj. Adoption August 2021
89 IAC 146.220	Resident Participation Requirements	Add documentation requirement for resident choice in file	
89 IAC 146.230	Services	Add language regarding making food available at all times	
89 IAC 146.245	(Assessment and Service Plan and Quarterly Evaluation	Update to reflect federal settings requirements	
89 IAC 146.250	Resident Rights	Require client permission for entry into apartment, documentation of roommate choice, update to allow visitors “at any time”	
89 IAC 146.670	Assessment and Service Plan and Quarterly Evaluation	allowance of prospective residents/residents to reside in DCS even when delayed egress is not a needed safety intervention	

Appendix B - 1: System Remediation Grid Department on Aging HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies.
*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p>HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))</p> <p>Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Adult Day Service (ADS)—services:</p> <p>a) Assessment of the participant's strengths and needs and development of an individual written person-centered plan of care for each participant</p> <p>b) A balance of purposeful activities to meet the participant's interrelated</p>		<p>20 ILCS 105/4.02 Illinois Act on the Aging</p>	<p>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p>Policies: Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Issue guidance to impacted providers and case management entities.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed. March 2016</p>

	<p>needs and interests</p> <p>c) Assistance with or supervision of activities of daily living</p> <p>d) Provision of health-related services</p> <p>e) Provision of a daily meal</p> <p>f) Agency provision or arrangement for transportation</p> <p>g) Provision of emergency care as appropriate</p> <p>h) critical incident reporting</p> <p>i) Ancillary services</p> <p>k) Skilled nursing services</p>				<p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed.</p> <hr/> <p>November 2019 and ongoing</p>
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	l) Shopping assistance m) Escort to medical and social services					
<p>HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii)</p> <p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Adult Day Service (ADS) * see services listed in first row</p>	<p>20 ILCS 105/4.02 Illinois Act on the Aging</p>	<p>89 IAC 240.550 – New Rule Person-Centered Planning Process (new rule to outline person-centered planning requirements per federal guidelines)</p> <p>89 IAC 240.730 Person-Centered Plan of Care (plan must summarize options and vendors available to the client)</p> <p>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p>Policies: Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed.</p> <p>March 2016 Completed</p>	

					Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.	November 2019 and ongoing
<p>HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))</p> <p>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>Adult Day Service (ADS) * see services listed in first row</p>		<p>20 ILCS 105/4.02 Illinois Act on the Aging</p>	<p>89 IAC 240.340 Confidentiality/Safeguarding of Case Information (clarify that health/safety and fraud/abuse information in case file may be accessed)</p> <p>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p>Policies: Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed</p> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>

<p>HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))</p> <p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.</p>	<p>Adult Day Service (ADS) * see services listed in first row</p>		<p>20 ILCS 105/4.02 Illinois Act on the Aging</p>	<p>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Reg. 20653).</p> <hr/> <p>Policies: Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed.</p> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>
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<p>HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))</p> <p>Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Adult Day Service (ADS) * see services listed in first row</p>	<p>89 IAC 240.330 Freedom of Choice (clients may decline services)</p>	<p>20 ILCS 105/4.02 Illinois Act on the Aging</p>	<p>89 IAC 240.330 Freedom of Choice (add client right to be informed of all services/providers)</p> <p>89 IAC 240.550 will include a new section regarding the Community Care Program rule on person centered planning and that the participant has been informed and provided choice of all available services and supports.</p> <p>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p>Policies: Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Proposed rules filed January 2018; final rules eff. 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed.</p> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>
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<p>Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)</p> <p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>Note: None of the residential settings requirements are applicable, the Aging Waiver is non-residential or services delivered in does not include Services are delivered in home</p>
<p>Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))</p> <p>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))</p> <p>Privacy: Individuals sharing units have a choice of roommates in that setting.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))</p> <p>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)</p> <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)</p> <p>Individuals are able to have visitors of their choosing at any time.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)</p> <p>The setting is physically accessible to the individual.</p>	

Links to the relevant information are below:

Rule 240 – Community Care Program Illinois Administrative Code Title 89:

<http://www.ilga.gov/commission/jcar/admincode/089/08900240sections.html>

Additionally, there are other specific documents pertaining to the Illinois Department on Aging at:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>

Appendix B - 2: System Remediation Grid

Division of Specialized Care for Children HCBS Waiver Programs – MFTD Waiver

The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p>Note: None of the settings requirements are applicable, MFTD Waiver Services are delivered in home</p>	<p>all services are performed in the individual's private home:</p> <ul style="list-style-type: none"> a) Respite b) Specialized Medical Equipment and Supplies c) Environmental Accessibility Adaptations d) Family Training e) In-Home Shift Nursing for adults over age 21 f) Certified Nursing Assistant (CNA) for adults over age 21 g) Nurse Training 				<p>Ongoing Compliance:</p> <p>Continuous Care Coordination through DSCC.</p> <p>Record reviews incorporate monitoring of HCBS rule compliance.</p> <p>Family Surveys are disseminated at initial enrollment, annually, at transition, and upon exit from the waiver program to gauge family and participant satisfaction.</p>	<p>September 2018 and ongoing</p>

	h) Placement Maintenance Counseling Services					
<p>HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))</p> <p>Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>						
<p>HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))</p> <p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>						
<p>HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))</p> <p>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>						
<p>HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))</p> <p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.</p>						
<p>HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))</p> <p>Facilitates individual choice regarding services and supports, and who provides them.</p>						

<p>Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A))</p> <p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>
<p>Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))</p> <p>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>
<p>Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))</p> <p>Privacy: Individuals sharing units have a choice of roommates in that setting.</p>
<p>Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))</p> <p>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>
<p>Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C))</p> <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>
<p>Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D))</p> <p>Individuals are able to have visitors of their choosing at any time.</p>
<p>Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E))</p> <p>The setting is physically accessible to the individual.</p>

Links to the relevant information are below:

89 IAC Rule 120.530 - Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons
<http://www.ilga.gov/commission/jcar/admincode/089/089001200105300R.html>

Additionally, there are other specific documents pertaining to the Division of Specialized Care at:
<https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>

Appendix B - 3: System Remediation Grid

Department of Human Services Division of DD HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p>HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))</p> <p>Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Community Integrated Living Arrangement (CILA)--services include:</p> <p>a) Individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community</p> <p>b) Food services</p> <p>c) skills training programs</p> <p>d) 24-hour stabilization services</p>	<p>CILA 59 IAC 115.200 Description (community-based)</p> <p>59 IAC 115.220 Provider support team (team must assist client in making relationships in the community, must assist with employment)</p>	<p>210 ILCS 135 (CILA) 20 ILCS 1705/15.2 (DT)</p>	<p>CILA 59 IAC 115.120 Definitions</p> <p>59 IAC 115.200 Description (add community access language)</p> <p>Community Day Services 59 IAC 119.232 Work activities (add options and community access language)</p> <p>Children’s Residential Services 59 IAC 120.40(b) Description of Residential Habilitation services to include children/young adults; community inclusion. Anticipated completed date of 11/30/2021.</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 119 – File by May 2021</p> <p>Rule 120 - File by June 2021</p>

	<p>e) Personal care and protective oversight</p> <p>f) Continuous or intermittent supervision or support</p> <p>g) Residential habilitation services</p> <p>h) Nursing services</p> <p>i) Environmental management of living arrangements</p> <p>j) Presence of a Community Support Team responsible for assessment, planning, coordination, and delivery of services; including brokerage of community resources and services, education and advocacy</p>			<p>Waiver Document: Include language regarding settings requirements as described in 42 CFR 441.301(c)(4) and (5)</p>	<p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Waiver Modification: Settings language amended into Adults with DD and Children’s Residential Services Waivers.</p>	<p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <p>Completed Amendments effective July 1, 2017</p>
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	<p>services to participants and families.</p> <p>k) Medical services and medications</p> <p>Community Living Facility (CLF)—services include:</p> <p>a) Individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community</p> <p>b) Food services</p> <p>c) skills training programs</p> <p>d) 24-hour stabilization services</p> <p>e) Personal care and protective oversight</p>				<p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Ongoing</p>
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	<p>f) Continuous or intermittent supervision or support</p> <p>g) Residential habilitation services</p> <p>h) Nursing services</p> <p>i) Environmental management of living arrangements</p> <p>j) Presence of a Community Support Team responsible for assessment, planning, coordination, and delivery of services; including brokerage of community resources and services, education and advocacy services to participants and families.</p>					
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	<p>k) Medical services and medication</p> <p>Community Day Services (formerly known as Developmental Training)— services include:</p> <p>a) Day habilitation that assists with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills.</p> <p>b) transportation to and from the program</p> <p>c) minimum of four hours of programming on a regularly scheduled basis, one or more days per week</p>					
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	<p>d) person-centered service planning</p> <p>e) work activities in individualized integrated employment or self-employment</p> <p>f) specialized training to address problematic or maladaptive behavior</p> <p>Child Group Home (CGH)— services include:</p> <p>a) 24-hour residential supports</p> <p>b) Case management and individually tailored services that assist with the acquisition, retention, or</p>					
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	<p>improvement in skills related to living in the community.</p> <p>c) personal care and protective oversight and supervision</p> <p>d) Services to reduce maladaptive behaviors</p>					
<p>HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))</p> <p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Community Day Services (formerly known as Developmental Training)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (home chosen among options available to general public)</p> <p>59 IAC 115.210 Criteria for participation of individuals (individual signs Personal Plan)</p> <p>Person Centered Planning Policy and Guidelines for DD Waiver Services</p>	<p>210 ILCS 135 (CILA) 20 ILCS 1705/15.2 (DT)</p>	<p>CILA 59 IAC 115.220 Provider support team (add new settings language)</p> <p>Community Day Services 59 IAC 119 (add new settings language)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 119 – File by May 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <hr/> <p>July 2018 – April 2022</p>

	Child Group Home (CGH)* see services listed in first row				<p>in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))</p> <p>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p>	<p>59 IAC 120.100 Overview (individuals advised of their rights)</p> <p>CILA 59 IAC 115.200 Description</p>	<p>210 ILCS 135 (CILA) 20 ILCS 1705/15.2 (DT)</p>	<p>CILA 59 IAC 115.200 Description (add language to expand on individual rights)</p> <p>Community Day Services 59 IAC 119.240</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 119 – File by May 2021</p>

	<p>Community Living Facility (CLF)* see services listed in first row</p> <p>Community Day Services (formerly known as Developmental Training)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	(clients to be given rights of other citizens)		<p>(add coercion/restraint language)</p> <p>HCBS Waiver Program 59 IAC 120.100</p> <p>Overview (add language to incorporate a statement of individuals’ rights and protections)</p>	<hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Modify “Rights of Individuals” Form (IL462-1201)</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed</p>
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					<p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <p>Ongoing</p>
<p>HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))</p> <p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Community Day Services (formerly known as Developmental Training)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (community-integrated)</p>	<p>210 ILCS 135 (CILA) 20 ILCS 1705/15.2 (DT)</p>	<p>CILA Section 115.220 Provider support team (Modify this section to focus less on the Provider Support Team concept and more on participant-driven planning and activities)</p> <p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add language to incorporate this section of the federal rule)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p>

	<p>Child Group Home (CGH)* see services listed in first row</p>				<p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))</p> <p>Facilitates individual choice regarding</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (services oriented to individual)</p>	<p>210 ILCS 135 (CILA) 20 ILCS 1705/15.2 (DT)</p>	<p>Community Day Services 59 IAC 119.205 Criteria for Participation of Individuals (delete this outdated language)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p>	<p>Rule 119 – File by May 2021</p>

<p>services and supports, and who provides them.</p>	<p>Community Living Facility (CLF)* see services listed in first row</p> <p>Community Day Services (formerly known as Developmental Training)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	<p>59 IAC 115.220 Provider support team (inform individual and include individual on team)</p> <p>Choice of Supports and Services Form (IL 462-1238) (informs individuals of right to choose among types of services)</p> <p>Rights of Individuals Form (IL462-1201) (informs individuals of right to choose among providers)</p>		<p>HCBS Waiver Program 59 IAC 120.80 Program assurances (add language regarding individual choice to this section)</p>	<p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p>	<p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <hr/> <p>July 2018 – April 2022</p> <hr/> <p>May 2022</p> <hr/> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <hr/> <p>Completed August 2019</p> <hr/> <p>Completed September 2019</p>
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					Settings 101 Training for All Division of DD Staff Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.	Completed January 2020 Ongoing
<p>Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)</p> <p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (Description of CILAs)</p> <p>59 IAC 115.300 Environmental management of living arrangements (listing tenant protections)</p>	210 ILCS 135 (CILA)	<p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add this language to this section)</p> <p>Waiver Document: Include language regarding settings requirements as described in 42 CFR 441.301(c)(4) and (5)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>Rule 120 - File by June 2021</p> <p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <p>Completed January 2016</p>

<p>participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>					<p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))</p> <p>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (CILA is housing generally available to public)</p>	<p>210 ILCS 135 (CILA)</p>	<p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add this language to this section)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p>	<p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p>

					<p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))</p> <p>Privacy: Individuals sharing units have a choice of roommates in that setting.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services</p>	<p>CILA 59 IAC 115.200 Description (Individual chooses living situation)</p>	<p>210 ILCS 135 (CILA)</p>	<p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add this language to this section)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p>	<p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p>

	listed in first row				<p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))</p> <p>Privacy: Individuals have the freedom to furnish and decorate</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p>		210 ILCS 135 (CILA)	<p>CILA 59 IAC 115.300 Environmental management of living arrangements (add language about furnishing)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p>

<p>their sleeping or living units within the lease or other agreement.</p>	<p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>			<p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add this language to this section)</p>	<p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/>	<p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
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					Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.	
<p>Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C))</p> <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	<p>CILA 59 IAC 115.200 Description (services oriented to individual)</p>	<p>210 ILCS 135 (CILA)</p>	<p>CILA 59 IAC 115.250 Individual rights and confidentiality (add language to strengthen this section)</p> <p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (add this language to this section)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p>

					<p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D))</p> <p>Individuals are able to have visitors of their choosing at any time.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p> <p>Child Group Home (CGH)* see services listed in first row</p>	<p>CILA 59 IAC 115.205 Respite services (CILA residents allowed to have guests, including overnight, with arrangements)</p>	<p>210 ILCS 135 (CILA)</p>	<p>CILA 59 IAC 115.200 Description (modify this section to include visitor language)</p> <p>HCBS Waiver Program 59 IAC 120.70 Service provider requirements (modify this section to include visitor language)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <p>Rule 120 - File by June 2021</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>July 2018 – April 2022</p> <p>May 2022</p>

					<p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>May 2022</p> <hr/> <p>Completed January 2016</p> <hr/> <p>Completed August 2019</p> <hr/> <p>Completed September 2019</p> <hr/> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E))</p> <p>The setting is physically accessible to the individual.</p>	<p>Community Integrated Living Arrangement (CILA)* see services listed in first row</p> <p>Community Living Facility (CLF)* see services listed in first row</p>	<p>59 IAC 115.300 Environmental management of living arrangements (settings required to meet Life Safety Codes, ensure comfort of individuals, etc.)</p>	<p>210 ILCS 135 (CILA)</p>	<p>CILA 59 IAC 115.300 Environmental management of living arrangements (modify this section to include a more explicit statement of access)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p>Policies: Modify DDD Waiver Manual. Updates will be made according to federal</p>	<p>Rule 115 – Posted in IL Register February 26, 2021</p> <hr/> <p>Nov. 2019 – April 2022</p>

	<p>Child Group Home (CGH)* see services listed in first row</p>				<p>rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p>Training: Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2018 – April 2022</p> <p>May 2022</p> <p>May 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
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Links to the relevant documents are below:

Rules

Rule 115 – Community-Integrated Living Arrangements: <http://www.ilga.gov/commission/jcar/admincode/059/05900115sections.html>

[Rule 117](http://www.ilga.gov/commission/jcar/admincode/059/05900117sections.html) – Family Assistance and Home-Based Support Programs for Persons with Mental Disabilities:

<http://www.ilga.gov/commission/jcar/admincode/059/05900117sections.html>

Rule 119 – Community Day Services (formerly known as Developmental Training) Programs:

<http://www.ilga.gov/commission/jcar/admincode/059/05900119sections.html>

Rule 120 – Medicaid HCBS Waiver Program for Individuals with Developmental Disabilities:

<http://www.ilga.gov/commission/jcar/admincode/059/05900120sections.html>

Policies

DDD Waiver Manual: <http://www.dhs.state.il.us/page.aspx?item=45227> (in process of being updated February 2020)

Discovery Process Guidelines: <http://www.dhs.state.il.us/page.aspx?item=96998> (being incorporated into the DDD Waiver Manual February 2020)

Implementation Strategy Guidelines: <http://www.dhs.state.il.us/page.aspx?item=97372> (being incorporated into the DDD Waiver Manual February 2020)

Independent Service Coordination Manual: <http://www.dhs.state.il.us/page.aspx?item=115416>

Person Centered Planning Policy and Guidelines for DD Waiver Services: <http://www.dhs.state.il.us/page.aspx?item=100040> (being incorporated into the DDD Waiver Manual February 2020)

Forms

Choice of Supports and Services Form: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1238.pdf>

Discovery Tool: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4455-dyn.pdf>

Independent Service Coordination (ISC) Individual Monitoring and Interview Notes: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4465-dyn.pdf>

Personal Plan: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4457.pdf>

Rights of Individuals Form: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1201.pdf>

Home & Community Based Services for Adults with Developmental Disabilities (Choice of Support & Services) Form: <http://intranet.dhs.illinois.gov/onenetlibrary/12/documents/Forms/IL462-1238.pdf>

Training

Training on New CMS Regulations, January 16, 2016 presentation slides

http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/Division%20of%20DD/Webinars/CathyFickerTerrillCMSRegulationsWebinar2016.pdf

Additionally, there are other specific documents pertaining to the Illinois Department of Human Services Division of Developmental Disabilities at: <https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>.

Appendix B - 4: System Remediation Grid

Department of Human Services – Division of Rehabilitation Services HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p>HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))</p> <p>Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Adult Day Service (ADS)--- services include:</p> <p>a) written and individualized care planning</p> <p>b) assistance and arrangement of personal care, hygiene, and self-care training, as appropriate, based on each individual's needs</p> <p>c) leisure time and recreation activities</p>	<p>DHS 4243 Empowering People with Disabilities Brochure</p> <p>Self-direction, employment, education, and independent living goals</p>	<p>20 ILCS 2405/3</p> <p>Rehabilitation of Persons with Disabilities Act</p>	<p>Adult Day Care Service: 89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p>Day Habilitation Service: 89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p>Prevocational Services: 89 IAC 686.1300 Brain Injury - Prevocational Services (require HCBS setting compliance)</p> <p>Freedom of Choice: 89 IAC 677.40 to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p>Policies: Modify applicable policies, procedures, forms and brochures as needed.</p>	<p>Submission to JCAR 5/31/2021</p> <p>Projected Adoption 12/01/2021</p> <hr/> <p>Project Completion 01/01/2022</p>

	<p>d) assistance of a medical nature</p> <p>e) meals and snacks</p> <p>d) maintenance of a complete record for each individual served through the Adult Day Care Center</p> <p>Day Habilitation— services include:</p> <p>a) Brain Injury Habilitation Assessment</p> <p>b) person-centered Habilitation planning</p> <p>c) provision of goal and service options to assist in</p>				<p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update managed care contracts.</p> <p>Training: Training modules need to be updated to include information on settings requirements</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>(complete after rule chg)</p> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>June 2019 – Dec. 2019 Completed. Projected Completion 01/01/2022 (complete after rule chg)</p> <hr/> <p>Ongoing</p>
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	<p>choice of habilitation goal(s)</p> <p>d) Habilitation services that include individually designed services to meet specific customer needs and desires as well as enable the customer to achieve their goal(s)</p>					
<p>HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))</p> <p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for</p>	<p>Adult Day Service (ADS) Day Habilitation * see services listed in first row</p>	<p>89 IAC 677.100 Customer Bill of Rights 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p> <p>HSP Customer Bill of Rights brochure – DHS 4165</p> <p>89 IAC 677.40(c) Freedom of Choice 2021 amendment to include customer participation in service planning and choice of settings options</p>	<p>20 ILCS 405/3 Rehabilitation of Persons with Disabilities Act</p>	<p>Adult Day Care Service: 89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p>Day Habilitation Service: 89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p>Prevocational Services: 89 IAC 686.1300 Brain Injury - Prevocational Services (require HCBS setting compliance)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p>	<p>Submission to JCAR 5/31/2021</p> <p>Projected Adoption 12/01/2021</p>

<p>residential settings, resources available for room and board.</p>				<p>Freedom of Choice: 89 IAC 677.40 to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<hr/> <p>Policies: Modify applicable policies, procedures, forms and brochures as needed.</p> <p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update Managed Care contracts.</p> <hr/> <p>Training: Training modules updated to include information on settings requirements</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<hr/> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Ongoing - beginning 01/01/2022 (complete after rule chg)</p> <hr/> <p>Ongoing</p>
<p>HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))</p> <p>Ensures an individual’s personal rights of</p>	<p>Adult Day Service (ADS) Day Habilitation</p>	<p>DHS 4243 Empowering People with Disabilities Brochure Individual customers select, employ and</p>	<p>20 ILCS 2405/3 Rehabilitation of Persons with Disabilities Act</p>	<p>89 IAC 677.100 Customer Bill of Rights Update to include freedom from coercion and restraint</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p>	<p>Submission to JCAR 06/15/2021</p> <p>Projected Adoption</p>

<p>privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>* see services listed in first row</p>	<p>supervise their own Individual Providers (IPs)</p> <p>89 IAC 677.100 Customer Bill of Rights</p> <p>01/24/2019 amendment includes consumer rights of dignity, informed choice. *DRS will update to include “freedom from coercion and restraint.”</p> <p>HSP Customer Bill of Rights brochure – DHS 4165</p> <p><i>*DRS will update to include “freedom from coercion and restraint”</i></p> <p>IL 444-4775: Notice of Privacy Practices</p> <p>Mind Your Business: Optional Criminal Background Check</p> <p>89 IAC 677.40(c) Freedom of Choice</p>		<p>(require HCBS setting compliance)</p> <hr/> <p>Adult Day Care Service: 89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p>Day Habilitation Service: 89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p>Prevocational Services: 89 IAC 686.1300 Brain Injury - Prevocational Services (require HCBS setting compliance)</p>	<p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p>Policies: Modify applicable policies, procedures, forms, and brochures as needed. This includes HSP Customer Bill of Rights brochure – DHS 4165</p>	<p>12/01/2021</p> <hr/> <p>Submission to JCAR 5/31/2021</p> <p>Projected Adoption 12/01/2021</p> <hr/> <p>Projected Completion 01/01/2022 (complete after rule chg)</p>
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					<p>DRS-HSP will e-mail guidance to respective providers once rules have been amended; DHS-HSP Fiscal staff maintain e-mail addresses for all providers and the mailing will be submitted using the listserv.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Training modules need to be updated to include information on settings requirements</p> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Ongoing - beginning 12/01/2021 (complete after rule chg)</p> <p>Ongoing</p>
<p>HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))</p> <p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.</p>	<p>Adult Day Service (ADS) Day Habilitation * see services listed in first row</p>	<p>89 IAC 677.100 Customer Bill of Rights 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p> <p>89 IAC 677.10 Assurance of Customer Rights</p> <p>89 IAC 864.10(b) Service Plan</p> <p>HSP Customer Bill of Rights brochure – DHS 4165</p>	<p>20 ILCS 2405/3 Rehabilitation of Persons with Disabilities Act</p>	<p>Adult Day Care Service: 89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p>Day Habilitation Service: 89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p>	<p>Submission to JCAR 05/31/2021</p> <p>Projected Adoption 12/1/2021</p>

		<p>IL 488-2112: Individual Provider Standards; IL 488-1413: HSP Provider Agreement; IL 488-2400: IP's Last Day of Employment; IL 488-2252: IP Payment Policies Support customer autonomy as employer of individual providers</p>		<p>Prevocational Services: 89 IAC 686.1300 Brain Injury - Prevocational Services(require HCBS setting compliance)</p>	<hr/> <p>Policies: Modify applicable policies, procedures, forms and brochures as needed.</p> <p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update managed care contracts.</p> <hr/> <p>Training: Training modules need to be updated to include information on settings requirements</p> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<hr/> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Ongoing - beginning 01/01/2022 (complete after rule chg)</p> <p>Ongoing</p>
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<p>HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))</p> <p>Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Adult Day Service (ADS) Day Habilitation * see services listed in first row</p>	<p>DHS 4243 Empowering People with Disabilities Brochure Individual customers select, employ and supervise their Individual Providers (IPs). Customers may receive homemaker services, if they are unable to direct their own services.</p> <p>89 IAC 677.100 Customer Bill of Rights 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p> <p>89 IAC 864.10(b) Service Plan</p> <p>89 IAC 677.50 Referral</p> <p>89 IAC 677.70 Notice of Action</p> <p>HSP Customer Bill of Rights brochure – DHS 4165</p> <p>HSP 1W: Appeal Fact Sheet: The customer has the right to formally challenge the HSP decision or lack of action.</p>	<p>20 ILCS 2405/3 Rehabilitation of Persons with Disabilities Act</p>	<p>Adult Day Care Service: 89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p>Day Habilitation Service: 89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p>Prevocational Services: 89 IAC 686.1300 Brain Injury - Prevocational Services (require HCBS setting compliance)</p> <p>Freedom of Choice: 89 IAC 677.40 to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p>Policies: Modify applicable policies, procedures, forms and brochures as needed.</p> <p>Issue guidance to impacted providers and case management entities through established communication linkages.</p>	<p>Submission to JCAR 5/31/2021</p> <p>Projected Adoption 12/1/2021</p> <hr/> <p>Projected Completion 01/01/2022 (complete after rule chg)</p> <p>Projected Completion 01/01/2022</p>
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		<p>IL 488-1949: Request for Hearing with required accommodations</p> <p>89 IAC 677.40 Freedom of Choice 2021 amendment to include customer participation in service planning and choice of settings options</p>			<p>Review and update managed care contracts.</p> <hr/> <p>Training: Training modules need to be updated to include information on settings requirements</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>(complete after rule chg)</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Ongoing - beginning 01/01/2022 (complete after rule chg)</p> <hr/> <p>Ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A))</p> <p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>					<p>Note: None of the residential settings requirements are applicable, the DRS Waivers are non-residential services or are services delivered in customers’ homes.</p>	
<p>Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))</p> <p>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>						
<p>Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))</p> <p>Privacy: Individuals sharing units have a choice of roommates in that setting.</p>						
<p>Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))</p> <p>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>						

Provider Owned or Controlled Residential Setting Quality 5: [\(42 CFR 441.301\(c\)\(vi\)\(C\)\)](#)

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Provider Owned or Controlled Residential Setting Quality 6: [\(42 CFR 441.301\(c\)\(vi\)\(D\)\)](#)

Individuals are able to have visitors of their choosing at any time.

Provider Owned or Controlled Residential Setting Quality 7: [\(42 CFR 441.301\(c\)\(vi\)\(E\)\)](#)

The setting is physically accessible to the individual.

Links to the relevant information are below:

Illinois Administrative Code Title 89:

Rule 676 - Program Description <http://www.ilga.gov/commission/jcar/admincode/089/08900676sections.html>

Rule 677 - Customer Rights and Responsibilities <http://www.ilga.gov/commission/jcar/admincode/089/08900677sections.html>

Rule 679 - Determination of Need (DON) and Resulting Service Cost Maximums (SCMS)

<http://www.ilga.gov/commission/jcar/admincode/089/08900679sections.html>

Rule 681 - Prescreening <http://www.ilga.gov/commission/jcar/admincode/089/08900681sections.html>

Rule 682 - Eligibility <http://www.ilga.gov/commission/jcar/admincode/089/08900682sections.html>

Rule 684 - Service Planning and Provision <http://www.ilga.gov/commission/jcar/admincode/089/08900684sections.html>

Rule 686 - Provider Requirements, Type Services and Rates of Payment

<http://www.ilga.gov/commission/jcar/admincode/089/08900686sections.html>

DRS Home Services Program Brochures:

Empowering People with Disabilities – Home Services Program – DHS 4243 at <http://www.dhs.state.il.us/page.aspx?item=60122>

Home Services Program Customer Bill of Rights – Home Services Program – DHS 4165 at <https://www.dhs.state.il.us/page.aspx?item=130375>

Additionally, there are other specific documents pertaining to the Illinois Department of Human Services Division of Rehabilitation Services HCBS

Waivers at: <https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>

Appendix B - 5: System Remediation Grid Supportive Living Program

The system grid describes the impact of the federal regulation on applicable State statutes, administrative rules, administrative and operational policies.

*The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)

Regulation	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i)) Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.	Supportive Living Program (SLP)—services: a) Nursing Services b) Personal Care c) Medication Administration, Oversight and Assistance in Self-Administration d) Meals e) Laundry f) Housekeeping g) Maintenance h) Social and Recreational Programming i) Ancillary Services	89 IAC 146.230 Services (requires scheduled community programming, information to residents about community activities)	305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program	89 IAC 146.205 Definitions (various updates)	Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule. Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process. Utilize waiver amendment and filing processes. Subject to CMS approval <hr/> Policies: Review and update SLP application form Review and update interim and annual certification review tools New form for person-centered planning includes	Development February - March 2021. Submission to JCAR May - June 2021. Projected adoption August 2021. Submission to CMS May 2021.
		89 IAC 146.670 (allowance of prospective residents/residents to reside in DCS even when delayed egress is not a needed safety intervention)		Amendment to SLP waiver , allowing for prospective residents/residents to reside in DCS even when delayed egress is not a needed safety intervention		August 2016 Completed. June 2017 Completed. July 2017 Completed.

	<p>j) 24 Hour Response/Security Staff</p> <p>k) Health Promotion and Exercise Programming</p> <p>l) Emergency Call</p> <p>m) System Daily Check</p> <p>SLP Settings with Dementia Care Settings (DCS)— services include:</p> <p>*DCS have all of the above listed services as well as</p> <p>a) delivery of mail</p> <p>b) smoking supervision</p>				<p>documentation regarding provider choice or referrals</p> <p>Review and update Managed Care contracts.</p> <hr/> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb 2017 to April 2021.</p> <hr/> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
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<p>HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))</p> <p>The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Supportive Living Program (SLP)</p>	<p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>	<p>89 IAC 146.245 Assessment and Service Plan and Quarterly Evaluation (add person-centered plan language)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliances already in rule.</p> <p>Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process.</p> <hr/> <p>Policies: Review and update SLP application form</p> <p>Review and update interim and annual certification review tools</p> <p>Review and update Managed Care contracts.</p> <hr/> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Development February - March 2021.</p> <p>Submission to JCAR May - June 2021.</p> <p>Projected adoption August 2021.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
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<p>HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))</p> <p>Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.230 Services (requires respect for self-direction, dignity, privacy)</p> <p>89 IAC 146.250 Resident Rights (freedom from restraint, respect for privacy)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>	<p>89 IAC 146.250 Resident Rights (require client permission for entry into apartment)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p>Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process.</p> <hr/> <p>Policies: Review and update SLP application form</p> <p>Review and update interim and annual certification review tools</p> <p>Review and update Managed Care contracts.</p> <hr/> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Development February - March 2021.</p> <p>Submission to JCAR May - June 2021.</p> <p>Projected adoption August 2021.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
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<p>HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))</p> <p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>146 IAC 146.250 Resident Rights (resident control of space and time)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p>Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process.</p> <hr/> <p>Policies: Review and update SLP application form</p> <p>Review and update interim and annual certification review tools</p> <p>Review and update Managed Care contracts.</p> <hr/> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Development February - March 2021.</p> <p>Submission to JCAR May - June 2021.</p> <p>Projected adoption August 2021.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
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<p>HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v)) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.245 Assessment and Service Plan and Quarterly Evaluation (client included in development of person centered plan)</p> <p>89 IAC 146.250 Resident Rights (allows refusal of services)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
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<p>Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A))</p> 	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.240 Resident Contract</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>						
<p>Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))</p> <p>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.210 Structural Requirements (requires lockable doors)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))</p> <p>Privacy: Individuals sharing units have a</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>146 IAC 146.250 Resident Rights (allow choice of roommate)</p> <p>Standard Medicaid Provider Agreement</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p>

<p>choice of roommates in that setting.</p>		<p>(requires compliance with all federal and state laws and rules)</p>			<p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2017 and ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))</p> <p>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.250 Resident Rights (right to maintain possessions)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C))</p> <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.250 Resident Rights (residents control time, space, lifestyle; can store and prepare food)</p> <p>89 IAC 146.230 Services (food available)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>	<p>89 IAC 146.230 Services (update to allow food “at any time”)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p>Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process.</p> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p>	<p>Development February-March 2021.</p> <p>Submission to JCAR May-June 2021.</p> <p>Projected adoption August 2021.</p> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p>

					Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.	July 2017 and ongoing
<p>Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)</p> <p>Individuals are able to have visitors of their choosing at any time.</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>146 IAC 146.250 Resident Rights (allows visitors)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>	<p>146 IAC 146.250 Resident Rights (update to allow visitors “at any time”)</p>	<p>Rule Process: Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p>Rule revisions await adoption of other SLP rule changes proposed June 2019 (see 43 Ill. Reg. 7047). Timeframe governed by IL rulemaking process.</p> <p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Development . February-March 2021.</p> <p>Submission to JCAR May-June 2021.</p> <p>Projected adoption August 2021.</p> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p>Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)</p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p>89 IAC 146.210 Structural Requirements (requires accessibility)</p> <p>Standard Medicaid Provider Agreement</p>	<p>305 ILCS 5/5-5.01a Illinois Public Aid Code Supportive living facilities program</p>		<p>Training: Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p>

<p>The setting is physically accessible to the individual.</p>		<p>(requires compliance with all federal and state laws and rules)</p>			<p>Ongoing Compliance: On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2017 and ongoing</p>
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Links to the relevant information are listed below:

Illinois Administrative Code Title 89: <http://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html>

Please see 89 IAC Rule 146 Subpart B for SLP Settings and Subpart E for SLP Settings with Dementia Care Units.

Additionally, there are other specific documents pertaining to the Supportive Living Program at:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>

Appendix C

Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016

Sorted Alphabetically by Agency, County and City

Illinois Department on Aging - Adult Day Services Elderly Waiver (#0143) Sites Visited – Total of 14			
County	Agency	City	Zip Code
Cook (suburb)	Active Day of Homewood (Formerly Addus Evergreen)	Homewood	60430
Cook (suburb)	Among Friends Adult Day Care (Crestwood)	Crestwood	60418
Cook (city)	Center for Seniors	Chicago	60625
Cook (suburb)	Cherished Place Adult Day Service	Arlington Heights	60004
Cook (suburb)	CJE Senior Life ADS	Evanston	60202
DuPage	Ecumenical Support Services for the Elderly	Glen Ellyn	60137
Lake	European Services Ageless Spirit Adult Day Service	Grayslake	60030
Cook (suburb)	Gottlieb Adult Day Service	Melrose Park	60160
Cook (city)	Hamdard Center ADS	Chicago	60660
Jo Daviess	Midwest Medical Center	Galena	61036
Macon	St. Mary's Adult Day Center	Decatur	62521
DuPage	Universal Industries (formerly Universal Metro Asian Services ADS)	Naperville	60563
Cook (city)	White Crane Wellness Center	Chicago	60640
Williamson	Williamson County ADS	Herrin	62948

Illinois Department of Human Services - Division of Rehabilitation Services (DRS) Adult Day Services Sites Visited – Total of 6 DRS Waivers: HIV/AIDs (#0202); Persons With Disabilities (#0142); Brain Injury (#0329)			
County	Agency	City	Zip Code
McLean	Advocate BroMenn	Normal	61761
Cook (suburb)	Heart to Heart Services, Inc.	Orland Park	60462
Knox	KCCDD, Gordon Behrents Senior Center	Galesburg	61401
Kankakee	Presence Heritage Day Break	Kankakee	60901
Madison	St. John's Community Care	Collinsville	62234

**Illinois Department of Healthcare and Family Services
Supportive Living Program (#0326) Sites Visited – Total of 51**

County	Agency	City	Zip Code
Cook (suburb)	Asbury Court	DesPlaines	60018
Kane	Asbury Garden Dementia Care	North Aurora	60542
Kane	Asbury Garden SLF	North Aurora	60542
Kane	Aurora SLC	Aurora	60505
Cook (city)	Barton Senior Residences	Chicago	60608
Cook (city)	Beth Anne Place	Chicago	60651
Cook (city)	Bishop Conway Residence	Chicago	60639
Effingham	Brookstone Estates of Effingham	Effingham	62401
Coles	Brookstone Estates of Mattoon	Mattoon	61938
Champaign	Brookstone Estates of Rantoul	Rantoul	61866
Crawford	Brookstone Estates of Robinson	Robinson	62454
Mercer	Brookstone of Aledo	Aledo	61231
Cook (city)	Churchview Supportive Living	Chicago	60629
Cook (city)	Coles Supportive Living	Chicago	60647
Fulton	Courtyard Estates of Canton	Canton	61520
Moultrie	Courtyard Estates of Sullivan	Sullivan	61951
Cook (city)	Covenant Home	Chicago	60625
Macon	Eagle Ridge	Decatur	62526
McHenry	Eastgate Manor	Algonquin	60102
Cass	Evergreen Place - Beardstown	Beardstown	62618
Macon	Evergreen Place - Legacy	Decatur	62526
Montgomery	Evergreen Place of Litchfield	Litchfield	62056
LaSalle	Evergreen Place of Streator	Streator	61364
Rock Island	Fort Armstrong	Rock Island	61201
Madison	Foxes Grove Supportive Living Community	Wood River	62095
Cook (city)	Friedman Place	Chicago	60613
DeWitt	Hawthorne Inn of Clinton	Clinton	61727
Stephenson	Hawthorne Inn of Freeport	Freeport	61032
Bureau	Hawthorne Inn of Princeton	Princeton	61356
Will	Heritage Woods of Bolingbrook	Bolingbrook	60440
DeKalb	Heritage Woods of Dekalb	Dekalb	60115
Kane	Heritage Woods of South Elgin	South Elgin	60177
Champaign	Katy's Cottage	Rantoul	61686
Effingham	Lavender Ridge	Effingham	62401
Monroe	Magnolia Terrace	Waterloo	62298

Illinois Department of Healthcare and Family Services Supportive Living Program (#0326) Sites Visited – Total of 51			
County	Agency	City	Zip Code
Piatt	Maple Point	Monticello	61856
Sangamon	Mary Bryant Home for the Blind	Springfield	62703
Cook (suburb)	Moraine Court	Bridgeview	60455
Wabash	Oakview Villas	Mt. Carmel	62863
Henderson	Oakwood Estates	Stronghurst	61480
Grundy	Park Point	Morris	60450
Cook (suburb)	Pointe at Kilpatrick	Crestwood	60445
DeKalb	Prairie Crossing	Shabbona	60550
Winnebago	Rockford Supportive Living	Rockford	61104
Madison	Saint Clare's Villa	Alton	62002
White	Supportive Living of Wabash	Carmi	62821
Tazewell	Supportive Living of Washington	Washington	61571
Cook (city)	The Ivy Apartments	Chicago	60614
Cook (city)	Victory Centre of Roseland	Chicago	60628
Clinton	Villa Catherine Supportive Living	Carlyle	62231
Kane	White Oaks (Heritage Woods of South Elgin)	South Elgin	60177
McLean	Advocate BroMenn	Normal	61761
Cook (suburb)	Heart to Heart Services, Inc.	Orland Park	60462
Knox	KCCDD, Gordon Behrents Senior Center	Galesburg	61401
Kankakee	Presence Heritage Day Break	Kankakee	60901
Madison	St. John's Community Care	Collinsville	62234

Illinois Department of Human Services - Division of Developmental Disabilities (DDD) Child Group Home Sites Visited – Total of 11 Children's Residential Waiver (#0473)			
County	Agency	City	Zip Code
Coles	CCAR	Charleston	61920
Grundy	Cornerstone Services	Minook	60447
Will	Cornerstone Services	Joliet	60431
Will	Cornerstone Services	Romeoville	60446
Perry	Five Star Industries, Inc.	DuQuoin	62832
Winnebago	Goldie Floberg	Rockton	61072
Cook (suburb)	Little City	Palatine	60067
Winnebago	Milestone, Inc. (RocVale)	Rockford	61103
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Sangamon	The Hope Institute	Springfield	62712
Stephenson	Willow Glen Academy of IL	Freeport	61032

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)

Community Day Services Sites Visited – Total of 47

Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Cook (suburb)	Aspire	Hillside	60162
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Batavia	60510
Cook (city)	Association House of Chicago	Chicago	60651
McDonough	Bridgeway Inc.	Macomb	61455
Tazewell	Bridgeway Inc.	Pekin	61554
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Franklin	Centerstone of Illinois	West Frankfort	62959
Fulton	Community Workshop and Training Center	Lewiston	61542
Lake	Countryside Association	Waukegan	60085
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Rantoul	61866
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (suburb)	Elim Christian Services	Orland Park	60462
Cook (suburb)	Elim Christian Services	Palos Heights	60463
Cook (city)	Garden Centers	Chicago	60655
Cook (suburb)	Garden Centers	Cicero	60804
Cook (city)	Gateway to Learning	Chicago	60625
Winnebago	Goldie Floberg	Rockton	61072
Edgar	Human Resources Ctr-Edgar & Clark Counties	Paris	61944
Union	JR Centre, Inc.	Anna	62906
Cook (city)	Misericordia Heart of Mercy	Chicago	60660
Piatt	Piatt County MHC	Monticello	61856
DuPage	RRAF	Lombard	60148
DuPage	RRAF	Lombard	60148
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Day Services Sites Visited – Total of 47			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (city)	South Chicago Parents & Friends	Chicago	60617
Cook (suburb)	South Chicago Parents & Friends	South Holland	60473
Cook (city)	St. Mary's of Providence	Chicago	60634
LaSalle	Streator Unlimited, Inc.	Streator	61364
Tazewell	Tazewell County Resources, Inc.	Morton	61550
Tazewell	Tazewell County Resources, Inc.	Tremont	61568
Sangamon	UCP Land Of Lincoln	Springfield	62703
Sangamon	UCP Land Of Lincoln	Springfield	62703
Sangamon	UCP Land Of Lincoln	Springfield	62703
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (suburb)	Achieve Development Association, Inc	Skokie	60076
Sangamon	Achievement Unlimited	Springfield	62712
Stephenson	Achievement Unlimited	Freeport	61032
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62526
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Morgan	Alvin Eades Center, Inc.	Jacksonville	62650
Cook (suburb)	American Residential Care	Streamwood	60107
Tazewell	Apostolic Christain Home for the Handicapped	Morton	61550
Rock Island	ARC of the Quad Cities Area	East Moline	61244
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Cook (suburb)	Aspire	Bellwood	60104
Cook (suburb)	Aspire	Berkley	60163
Cook (suburb)	Aspire	Berkley	60163
Cook (suburb)	Aspire	Brookfield	60513
Cook (suburb)	Aspire	Forest Park	60130
Cook (suburb)	Aspire	Franklin Park	60131
Cook (suburb)	Aspire	Hillside	60154
Cook (suburb)	Aspire	Hillside	60162
Cook (suburb)	Aspire	Hillside	60162
Cook (suburb)	Aspire	LaGrange	60525
Cook (suburb)	Aspire	Maywood	60153
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60504
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Batavia	60510
Kane	Association for Individual Development	Elgin	60120
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Geneva	60134
Kane	Association for Individual Development	St. Charles	60174
Kane	Association for Individual Development	St. Charles	60174
Kendall	Association for Individual Development	Yorkville	60560
Kendall	Association for Individual Development	Yorkville	60560
Kendall	Association for Individual Development	Yorkville	60560
DeKalb	Bethesda Lutheran Communities, Inc.	Cortland	60112
DeKalb	Bethesda Lutheran Communities, Inc.	Cortland	60122
Kane	Bethesda Lutheran Communities, Inc.	Sugar Grove	60506
McHenry	Bethesda Lutheran Communities, Inc.	Marengo	60152
McHenry	Bethesda Lutheran Communities, Inc.	Marengo	60152
Sangamon	Bethesda Lutheran Communities, Inc.	Chatham	62629
Sangamon	Bethesda Lutheran Communities, Inc.	Chatham	62629
Sangamon	Bethesda Lutheran Communities, Inc.	Sherman	62684
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62704
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62714
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62704
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62712
Stephenson	Bethesda Lutheran Communities, Inc.	Freeport	61032
Stephenson	Bethesda Lutheran Communities, Inc.	Freeport	61032
Will	Bethesda Lutheran Communities, Inc.	Plainfield	60544
Will	Bethesda Lutheran Communities, Inc.	Plainfield	60544
McDonough	Bridgeway Inc.	Macomb	61455
McDonough	Bridgeway Inc.	Macomb	61455
McDonough	Bridgeway Inc.	Macomb	61455
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Coles	CCAR	Charleston	61920
Will	Center for Disability Services	Joliet	60435
Will	Center for Disability Services	Wilmington	60481
Cook (suburb)	Center on Deafness	Glenview	60026
Cook (suburb)	Center on Deafness	Glenview	60026
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Cook (suburb)	Clearbrook	Arlington Heights	60005
Cook (suburb)	Community Support Services Inc.	Bridgeview	60455
Cook (suburb)	Community Support Services Inc.	Brookfield	60513
Cook (suburb)	Community Support Services Inc.	Justice	60458
Cook (suburb)	Community Support Services Inc.	Lyons	60534
Cook (suburb)	Community Support Services Inc.	Lyons	60534
Cook (suburb)	Community Support Services Inc.	Summit	60501
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Mattoon	61938
Coles	Developmental Foundations Inc.	Mattoon	61938
Douglas	Developmental Foundations Inc.	Arcola	61910
Cook (city)	El Valor	Chicago	60623

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (suburb)	El Valor	Cicero	60804
Cook (city)	Esperanza	Chicago	60647
Cook (city)	Esperanza	Chicago	60641
Cook (city)	Esperanza	Chicago	60618
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Burbank	60804
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Chicago Ridge	60415
Cook (suburb)	Garden Centers	Oak Lawn	60453
Cook (suburb)	Garden Centers	Oak Lawn	60453
Cook (suburb)	Garden Centers	Worth	60482
Johnson	Glen Brook of Vienna, Inc.	Vienna	62906
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Clay	Health Care Management Corporation	Flora	62839
Clay	Health Care Management Corporation	Flora	62839
Fayette	Health Care Management Corporation	Vandalia	62471
Fayette	Health Care Management Corporation	Vandalia	62471
Fayette	Health Care Management Corporation	Vandalia	62471
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Edgar	Human Resources Ctr-Edgar & Clark Counties	Paris	61944
Monroe	Human Support Services	Hecker	62248
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Joseph Rehab	Tinley Park	60477

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bradley	60915
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Cook (suburb)	Karriems Dev. Srv	Hazelcrest	60429
Cook (suburb)	Karriems Dev. Srv	Hazelcrest	60429
Cook (suburb)	Karriems Dev. Srv	Markham	60428
Marion	Kaskaskia Workshop, Inc.	Centralia	62801
Marion	Kaskaskia Workshop, Inc.	Centralia	62801
Lee	Kreider Services, Inc.	Amboy	61310
Union	Lincoln Square, Inc.	Dongola	62926
Union	Lincoln Square, Inc.	Jonesboro	62952
Marion	Marion County Horizon Center	Salem	62881
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60660
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (suburb)	Misericordia Heart of Mercy	Lincolnwood	60712
Cook (suburb)	NuCare Inc	Hazel Crest	60429
Cook (suburb)	NuCare Inc	Hazel Crest	60429
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	Orchard Village	Morton Grove	60053
Cook (suburb)	Orchard Village	Niles	60714
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60077

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60076
St. Clair	Parents and Friends of the Community	Belleville	62226
Williamson	Pathway House	Herrin	62948
Williamson	Pathway House	Johnston City	62951
Morgan	Pathway Services Unlimited	Jacksonville	62650
Sangamon	Pathway Services Unlimited	Springfield	62704
Williamson	Progress Management	Carterville	62918
Williamson	Progress Management	Carterville	62918
Williamson	Progress Management	Colp	62921
Williamson	Progress Management	N. Johnston City	62951
Cook (suburb)	Progressive Housing Inc.	Park Forest	60466
Cook (suburb)	Progressive Housing Inc.	Park Forest	60466
DuPage	Ray Graham Association	Addison	60101
Clinton	Royal Living, Inc.	New Baden	62265
Clinton	Royal Living, Inc.	New Baden	62265
Clinton	Royal Living, Inc.	Trenton	62293
Jackson	Shamrock Services	DeSoto	62924
Jackson	Shamrock Services	Murphysboro	62966
Jackson	Shamrock Services	Murphysboro	62966
Jefferson	Shamrock Services	Mt. Vernon	62864
Jefferson	Shamrock Services	Mt. Vernon	62864
Jefferson	Shamrock Services	Mt. Vernon	62864
Madison	Shamrock Services	Alton	62002
Madison	Shamrock Services	Alton	62002
Madison	Shamrock Services	Alton	62002
Madison	Shamrock Services	Godfrey	62035
St. Clair	Shamrock Services	Belleville	62220
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Wayne City	62895
Williamson	Shamrock Services	Energy	62933
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (city)	Soledad Social Services	Chicago	60639
Cook (city)	Soledad Social Services	Chicago	60647
Cook (city)	Soledad Social Services	Chicago	60647
Cook (city)	Soledad Social Services	Chicago	60639
Cook (suburb)	South Chicago Parents & Friends	South Holland	60473
Will	South Chicago Parents & Friends	University Park	60484
Jackson	TASH Incorporated	Murphysboro	62966
Jackson	TASH Incorporated	Murphysboro	62966
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Tazewell County Resources, Inc.	Pekin	61611
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Hamilton	TDL Group, Inc.	McLeansboro	62859
Hamilton	TDL Group, Inc.	McLeansboro	62859
Jefferson	TDL Group, Inc.	Mt. Vernon	62864
Wayne	TDL Group, Inc.	Fairfield	62837
Wayne	TDL Group, Inc.	Fairfield	62837
Wayne	TDL Group, Inc.	Fairfield	62837
Will	Trinity Services, Inc.	Manhattan	60442
Cook (suburb)	UCP Seguin	Berwyn	60402
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Living Facility Sites Visited – Total of 16			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (suburb)	Avenues to Independence	Park Ridge	60068
Peoria	Community Workshop and Training Center	Peoria	61604
Lake	Glenkirk	Highland Park	60035
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
DeKalb	Opportunity House	Sycamore	60178
Cook (suburb)	Ray Graham Association	Roselle	60172
Cook (suburb)	Shore Community Servcies	Skokie	60067

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Non-Waiver Sites Visited – Total of 3			
County	Agency	City	Zip Code
Cook (suburb)	Aspire - child day program	Hillside	60162
Cook (city)	El Valor - ICF/IID	Chicago	60608
Whiteside	Rock River Valley Self Help Enterprise - SLA	Rock Falls	61071

Appendix D

Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016 Sorted Alphabetically by County, City and Agency

Illinois Department on Aging - Adult Day Services Elderly Waiver (#0143) Sites Visited – Total of 14			
County	Agency	City	Zip Code
Cook (city)	Center for Seniors	Chicago	60625
Cook (city)	Hamdard Center ADS	Chicago	60660
Cook (city)	White Crane Wellness Center	Chicago	60640
Cook (suburb)	Cherished Place Adult Day Service	Arlington Heights	60004
Cook (suburb)	Among Friends Adult Day Care (Crestwood)	Crestwood	60418
Cook (suburb)	CJE Senior Life ADS	Evanston	60202
Cook (suburb)	Active Day of Homewood (Formerly Addus Evergreen)	Homewood	60430
Cook (suburb)	Gottlieb Adult Day Service	Melrose Park	60160
DuPage	Ecumenical Support Services for the Elderly	Glen Ellyn	60137
DuPage	Universal Industries (formerly Universal Metro Asian Services ADS)	Naperville	60563
Jo Daviess	Midwest Medical Center	Galena	61036
Lake	European Services Ageless Spirit Adult Day Service	Grayslake	60030
Macon	St. Mary's Adult Day Center	Decatur	62521
Williamson	Williamson County ADS	Herrin	62948

Illinois Department of Human Services - Division of Rehabilitation Services (DRS) Adult Day Services Sites Visited – Total of 6 DRS Waivers: HIV/AIDs (#0202); Persons With Disabilities (#0142); Brain Injury (#0329)			
County	Agency	City	Zip Code
Cook (suburb)	Heart to Heart Services, Inc.	Orland Park	60462
Kankakee	Presence Heritage Day Break	Kankakee	60901
Knox	KCCDD, Gordon Behrents Senior Center	Galesburg	61401
Madison	St. John's Community Care	Collinsville	62234
McLean	Advocate BroMenn	Normal	61761

**Illinois Department of Healthcare and Family Services
Supportive Living Program (#0326) Sites Visited – Total of 51**

County	Agency	City	Zip Code
Bureau	Hawthorne Inn of Princeton	Princeton	61356
Cass	Evergreen Place - Beardstown	Beardstown	62618
Champaign	Brookstone Estates of Rantoul	Rantoul	61866
Champaign	Katy's Cottage	Rantoul	61686
Clinton	Villa Catherine Supportive Living	Carlyle	62231
Coles	Brookstone Estates of Mattoon	Mattoon	61938
Cook (city)	Barton Senior Residences	Chicago	60608
Cook (city)	Beth Anne Place	Chicago	60651
Cook (city)	Bishop Conway Residence	Chicago	60639
Cook (city)	Churchview Supportive Living	Chicago	60629
Cook (city)	Coles Supportive Living	Chicago	60647
Cook (city)	Covenant Home	Chicago	60625
Cook (city)	Friedman Place	Chicago	60613
Cook (city)	The Ivy Apartments	Chicago	60614
Cook (city)	Victory Centre of Roseland	Chicago	60628
Cook (suburb)	Moraine Court	Bridgeview	60455
Cook (suburb)	Pointe at Kilpatrick	Crestwood	60445
Cook (suburb)	Asbury Court	DesPlaines	60018
Crawford	Brookstone Estates of Robinson	Robinson	62454
DeKalb	Heritage Woods of Dekalb	Dekalb	60115
DeKalb	Prairie Crossing	Shabbona	60550
DeWitt	Hawthorne Inn of Clinton	Clinton	61727
Effingham	Brookstone Estates of Effingham	Effingham	62401
Effingham	Lavender Ridge	Effingham	62401
Fulton	Courtyard Estates of Canton	Canton	61520
Grundy	Park Point	Morris	60450
Henderson	Oakwood Estates	Stronghurst	61480
Kane	Aurora SLC	Aurora	60505
Kane	Asbury Garden Dementia Care	North Aurora	60542
Kane	Asbury Garden SLF	North Aurora	60542
Kane	Heritage Woods of South Elgin	South Elgin	60177
Kane	White Oaks (Heritage Woods of South Elgin)	South Elgin	60177
LaSalle	Evergreen Place of Streator	Streator	61364
Macon	Eagle Ridge	Decatur	62526
Macon	Evergreen Place - Legacy	Decatur	62526
Madison	Saint Clare's Villa	Alton	62002

Illinois Department of Healthcare and Family Services Supportive Living Program (#0326) Sites Visited – Total of 51			
County	Agency	City	Zip Code
Madison	Foxes Grove Supportive Living Community	Wood River	62095
McHenry	Eastgate Manor	Algonquin	60102
Mercer	Brookstone of Aledo	Aledo	61231
Monroe	Magnolia Terrace	Waterloo	62298
Montgomery	Evergreen Place of Litchfield	Litchfield	62056
Moultrie	Courtyard Estates of Sullivan	Sullivan	61951
Piatt	Maple Point	Monticello	61856
Rock Island	Fort Armstrong	Rock Island	61201
Sangamon	Mary Bryant Home for the Blind	Springfield	62703
Stephenson	Hawthorne Inn of Freeport	Freeport	61032
Tazewell	Supportive Living of Washington	Washington	61571
Wabash	Oakview Villas	Mt. Carmel	62863
White	Supportive Living of Wabash	Carmi	62821
Will	Heritage Woods of Bolingbrook	Bolingbrook	60440
Winnebago	Rockford Supportive Living	Rockford	61104

Illinois Department of Human Services - Division of Developmental Disabilities (DDD) Child Group Home Sites Visited – Total of 11 Children’s Residential Waiver (#0473)			
County	Agency	City	Zip Code
Coles	CCAR	Charleston	61920
Cook (suburb)	Little City	Palatine	60067
Grundy	Cornerstone Services	Minook	60447
Perry	Five Star Industries, Inc.	DuQuoin	62832
Sangamon	The Hope Institute	Springfield	62712
Stephenson	Willow Glen Academy of IL	Freeport	61032
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Will	Cornerstone Services	Joliet	60431
Will	Cornerstone Services	Romeoville	60446
Winnebago	Milestone, Inc. (RocVale)	Rockford	61103
Winnebago	Goldie Floberg	Rockton	61072

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Day Services Sites Visited – Total of 47			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Champaign	61821
Champaign	Developmental Services Center	Rantoul	61866
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Cook (city)	Association House of Chicago	Chicago	60651
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (city)	Garden Centers	Chicago	60655
Cook (city)	Gateway to Learning	Chicago	60625
Cook (city)	Misericordia Heart of Mercy	Chicago	60660
Cook (city)	South Chicago Parents & Friends	Chicago	60617
Cook (city)	St. Mary's of Providence	Chicago	60634
Cook (suburb)	Garden Centers	Cicero	60804
Cook (suburb)	Aspire	Hillside	60162
Cook (suburb)	Elim Christian Services	Orland Park	60462
Cook (suburb)	Elim Christian Services	Palos Heights	60463
Cook (suburb)	South Chicago Parents & Friends	South Holland	60473
DuPage	RRAF	Lombard	60148
DuPage	RRAF	Lombard	60148
Edgar	Human Resources Ctr-Edgar & Clark Counties	Paris	61944
Franklin	Centerstone of Illinois	West Frankfort	62959
Fulton	Community Workshop and Training Center	Lewiston	61542
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Batavia	60510
Lake	Countryside Association	Waukegan	60085
LaSalle	Streator Unlimited, Inc.	Streator	61364
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Day Services Sites Visited – Total of 47			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
McDonough	Bridgeway Inc.	Macomb	61455
Piatt	Piatt County MHC	Monticello	61856
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Sangamon	UCP Land Of Lincoln	Springfield	62703
Sangamon	UCP Land Of Lincoln	Springfield	62703
Sangamon	UCP Land Of Lincoln	Springfield	62703
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565
Tazewell	Tazewell County Resources, Inc.	Morton	61550
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Tazewell County Resources, Inc.	Tremont	61568
Union	JR Centre, Inc.	Anna	62906
Winnebago	Goldie Floberg	Rockton	61072

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Clay	Health Care Management Corporation	Flora	62839
Clay	Health Care Management Corporation	Flora	62839
Clinton	Royal Living, Inc.	New Baden	62265
Clinton	Royal Living, Inc.	New Baden	62265
Clinton	Royal Living, Inc.	Trenton	62293
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	CCAR	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Charleston	61920
Coles	Developmental Foundations Inc.	Mattoon	61938
Coles	Developmental Foundations Inc.	Mattoon	61938
Cook (city)	El Valor	Chicago	60623
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (city)	El Valor	Chicago	60608
Cook (city)	Esperanza	Chicago	60647
Cook (city)	Esperanza	Chicago	60641
Cook (city)	Esperanza	Chicago	60618
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60660
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60646
Cook (city)	Misericordia Heart of Mercy	Chicago	60645
Cook (city)	Soledad Social Services	Chicago	60639
Cook (city)	Soledad Social Services	Chicago	60647
Cook (city)	Soledad Social Services	Chicago	60647
Cook (city)	Soledad Social Services	Chicago	60639
Cook (suburb)	Clearbrook	Arlington Heights	60005
Cook (suburb)	Aspire	Bellwood	60104
Cook (suburb)	Aspire	Berkley	60163
Cook (suburb)	Aspire	Berkley	60163
Cook (suburb)	UCP Seguin	Berwyn	60402
Cook (suburb)	Community Support Services Inc.	Bridgeview	60455
Cook (suburb)	Aspire	Brookfield	60513
Cook (suburb)	Community Support Services Inc.	Brookfield	60513
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Burbank	60804

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Burbank	60459
Cook (suburb)	Garden Centers	Chicago Ridge	60415
Cook (suburb)	El Valor	Cicero	60804
Cook (suburb)	Aspire	Forest Park	60130
Cook (suburb)	Aspire	Franklin Park	60131
Cook (suburb)	Center on Deafness	Glenview	60026
Cook (suburb)	Center on Deafness	Glenview	60026
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	Orchard Village	Glenview	60025
Cook (suburb)	NuCare Inc	Hazel Crest	60429
Cook (suburb)	NuCare Inc	Hazel Crest	60429
Cook (suburb)	Karriems Dev. Srv	Hazelcrest	60429
Cook (suburb)	Karriems Dev. Srv	Hazelcrest	60429
Cook (suburb)	Aspire	Hillside	60154
Cook (suburb)	Aspire	Hillside	60162
Cook (suburb)	Aspire	Hillside	60162
Cook (suburb)	Community Support Services Inc.	Justice	60458
Cook (suburb)	Aspire	LaGrange	60525
Cook (suburb)	Misericordia Heart of Mercy	Lincolnwood	60712
Cook (suburb)	Community Support Services Inc.	Lyons	60534
Cook (suburb)	Community Support Services Inc.	Lyons	60534
Cook (suburb)	Karriems Dev. Srv	Markham	60428
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Joseph Rehab	Matteson	60443
Cook (suburb)	Aspire	Maywood	60153
Cook (suburb)	Orchard Village	Morton Grove	60053
Cook (suburb)	Orchard Village	Niles	60714
Cook (suburb)	Garden Centers	Oak Lawn	60453
Cook (suburb)	Garden Centers	Oak Lawn	60453
Cook (suburb)	Progressive Housing Inc.	Park Forest	60466
Cook (suburb)	Progressive Housing Inc.	Park Forest	60466
Cook (suburb)	Achieve Development Association, Inc	Skokie	60076

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	Orchard Village	Skokie	60077
Cook (suburb)	Orchard Village	Skokie	60076
Cook (suburb)	South Chicago Parents & Friends	South Holland	60473
Cook (suburb)	American Residential Care	Streamwood	60107
Cook (suburb)	Community Support Services Inc.	Summit	60501
Cook (suburb)	Joseph Rehab	Tinley Park	60477
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Aspire	Westchester	60154
Cook (suburb)	Garden Centers	Worth	60482
DeKalb	Bethesda Lutheran Communities, Inc.	Cortland	60112
DeKalb	Bethesda Lutheran Communities, Inc.	Cortland	60122
Douglas	Developmental Foundations Inc.	Arcola	61910
DuPage	Ray Graham Association	Addison	60101
Edgar	Human Resources Ctr-Edgar & Clark Counties	Paris	61944
Fayette	Health Care Management Corporation	Vandalia	62471
Fayette	Health Care Management Corporation	Vandalia	62471
Fayette	Health Care Management Corporation	Vandalia	62471
Hamilton	TDL Group, Inc.	McLeansboro	62859
Hamilton	TDL Group, Inc.	McLeansboro	62859
Jackson	Shamrock Services	DeSoto	62924
Jackson	Shamrock Services	Murphysboro	62966
Jackson	Shamrock Services	Murphysboro	62966
Jackson	TASH Incorporated	Murphysboro	62966
Jackson	TASH Incorporated	Murphysboro	62966
Jefferson	Shamrock Services	Mt. Vernon	62864
Jefferson	Shamrock Services	Mt. Vernon	62864
Jefferson	Shamrock Services	Mt. Vernon	62864

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Jefferson	TDL Group, Inc.	Mt. Vernon	62864
Johnson	Glen Brook of Vienna, Inc.	Vienna	62906
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60504
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60506
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Aurora	60505
Kane	Association for Individual Development	Batavia	60510
Kane	Association for Individual Development	Elgin	60120
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Elgin	60123
Kane	Association for Individual Development	Geneva	60134
Kane	Association for Individual Development	St. Charles	60174
Kane	Association for Individual Development	St. Charles	60174
Kane	Bethesda Lutheran Communities, Inc.	Sugar Grove	60506
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bourbonnais	60914
Kankakee	Kankakee County Training Ctr for the Disabled	Bradley	60915
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)
Community Integrated Living Arrangement Sites Visited – Total of 277
Adults with Developmental Disabilities Waiver (#0350)

County	Agency	City	Zip Code
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Kankakee County Training Ctr for the Disabled	Kankakee	60901
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kankakee	Good Shepherd Manor	Momence	60954
Kendall	Association for Individual Development	Yorkville	60560
Kendall	Association for Individual Development	Yorkville	60560
Kendall	Association for Individual Development	Yorkville	60560
Lee	Kreider Services, Inc.	Amboy	61310
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Logan	Alpha Omega Consulting, Inc.	Lincoln	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62526
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Macon	Alpha Omega Consulting, Inc.	Decatur	62521
Madison	Shamrock Services	Alton	62002
Madison	Shamrock Services	Alton	62002
Madison	Shamrock Services	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	William M. BeDell Achievement & Resource Ctr	Alton	62002
Madison	Shamrock Services	Godfrey	62035
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095
Madison	William M. BeDell Achievement & Resource Ctr	Wood River	62095
Marion	Kaskaskia Workshop, Inc.	Centralia	62801

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Marion	Kaskaskia Workshop, Inc.	Centralia	62801
Marion	Marion County Horizon Center	Salem	62881
McDonough	Bridgeway Inc.	Macomb	61455
McDonough	Bridgeway Inc.	Macomb	61455
McDonough	Bridgeway Inc.	Macomb	61455
McHenry	Bethesda Lutheran Communities, Inc.	Marengo	60152
McHenry	Bethesda Lutheran Communities, Inc.	Marengo	60152
Monroe	Human Support Services	Hecker	62248
Morgan	Alvin Eades Center, Inc.	Jacksonville	62650
Morgan	Pathway Services Unlimited	Jacksonville	62650
Rock Island	ARC of the Quad Cities Area	East Moline	61244
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Moline	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Rock Island	ARC of the Quad Cities Area	Rock Island	61201
Sangamon	Bethesda Lutheran Communities, Inc.	Chatham	62629
Sangamon	Bethesda Lutheran Communities, Inc.	Chatham	62629
Sangamon	Bethesda Lutheran Communities, Inc.	Sherman	62684
Sangamon	Achievement Unlimited	Springfield	62712
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62704
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62714
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62704
Sangamon	Bethesda Lutheran Communities, Inc.	Springfield	62712
Sangamon	Pathway Services Unlimited	Springfield	62704
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Health Care Management Corporation	Shelbyville	62565
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565
Shelby	Shelby County Community Services, Inc.	Shelbyville	62565
St. Clair	Parents and Friends of the Community	Belleville	62226
St. Clair	Shamrock Services	Belleville	62220

Illinois Department of Human Services - Division of Developmental Disabilities (DDD) Community Integrated Living Arrangement Sites Visited – Total of 277 Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Stephenson	Achievement Unlimited	Freeport	61032
Stephenson	Bethesda Lutheran Communities, Inc.	Freeport	61032
Stephenson	Bethesda Lutheran Communities, Inc.	Freeport	61032
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Tazewell County Resources, Inc.	East Peoria	61611
Tazewell	Apostolic Christain Home for the Handicapped	Morton	61550
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Bridgeway Inc.	Pekin	61554
Tazewell	Tazewell County Resources, Inc.	Pekin	61611
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Tazewell	Tazewell County Resources, Inc.	Pekin	61554
Union	Lincoln Square, Inc.	Dongola	62926
Union	Lincoln Square, Inc.	Jonesboro	62952
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Vermilion	Crosspoint Human Services	Danville	61832
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	Shamrock Services	Fairfield	62837
Wayne	TDL Group, Inc.	Fairfield	62837
Wayne	TDL Group, Inc.	Fairfield	62837
Wayne	TDL Group, Inc.	Fairfield	62837
Wayne	Shamrock Services	Wayne City	62895
Will	Center for Disability Services	Joliet	60435
Will	Trinity Services, Inc.	Manhattan	60442
Will	Bethesda Lutheran Communities, Inc.	Plainfield	60544
Will	Bethesda Lutheran Communities, Inc.	Plainfield	60544
Will	South Chicago Parents & Friends	University Park	60484
Will	Center for Disability Services	Wilmington	60481

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Integrated Living Arrangement Sites Visited – Total of 277			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Williamson	Progress Management	Carterville	62918
Williamson	Progress Management	Carterville	62918
Williamson	Progress Management	Colp	62921
Williamson	Shamrock Services	Energy	62933
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Centerstone of Illinois	Herrin	62948
Williamson	Pathway House	Herrin	62948
Williamson	Pathway House	Johnston City	62951
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Centerstone of Illinois	Marion	62959
Williamson	Progress Management	N. Johnston City	62951

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Community Living Facility Sites Visited – Total of 16			
Adults with Developmental Disabilities Waiver (#0350)			
County	Agency	City	Zip Code
Cook (suburb)	Avenues to Independence	Park Ridge	60068
Cook (suburb)	Ray Graham Association	Roselle	60172
Cook (suburb)	Shore Community Servcies	Skokie	60067
DeKalb	Opportunity House	Sycamore	60178
Lake	Glenkirk	Highland Park	60035
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Lake	Lambs Farm	Libertyville	60048
Peoria	Community Workshop and Training Center	Peoria	61604

Illinois Department of Human Services - Division of Developmental Disabilities (DDD)			
Non-Waiver Sites Visited – Total of 3			
County	Agency	City	Zip Code
Cook (suburb)	Aspire - child day program	Hillside	60162
Cook (city)	El Valor - ICF/IID	Chicago	60608
Whiteside	Rock River Valley Self Help Enterprise - SLA	Rock Falls	61071

APPENDIX E

On-Site Assessment (2016) – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	
Name/Address of setting:	
Contact at the setting:	
Visited With:	
Surveyor Name:	
Date Completed:	

What type of facility license, certification/registration, etc. does the setting possess? (Mark the appropriate box)

<input type="checkbox"/>	Community Integrated Living Arrangement - License	<input type="checkbox"/>	Long Term Care Facility
<input type="checkbox"/>	Developmental Training - Certificate	<input type="checkbox"/>	Illinois Department of Public Health Certificate/License
<input type="checkbox"/>	Department of Children and Family Services - License	<input type="checkbox"/>	Adult Day Services – Certification by DoA

Which of the following best describes the setting: (Mark the appropriate box)

<input type="checkbox"/>	Child Group Home	<input type="checkbox"/>	Site-Based Permanent Supported/Supportive Housing
<input type="checkbox"/>	Day Habilitation-Facility Based:	<input type="checkbox"/>	Supportive Living Facility (SLF)
<input type="checkbox"/>	Residential Habilitation	<input type="checkbox"/>	Supported Residential
<input type="checkbox"/>	Comprehensive Care in Res. Setting	<input type="checkbox"/>	Community Living Facility
<input type="checkbox"/>	Community Integrated Living Arrangement (CILA)	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Adult Day Services	<input type="checkbox"/>	

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA
Public Comment Received?				
Does the setting provide both on-site and off-site services?				
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution?				
Is the setting a farmstead, a gated community, or part of a multi-setting campus?				

Category 1

The setting/home is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?					
2. Does the setting utilize access to the community as part of its plan for services?					
3. Do individuals have an opportunity to seek employment in competitive integrated settings?					
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?					
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?					

Category 2

The setting gives individuals the right to select from among various setting options, including non-disability specific settings.

Check <i>Yes, No, NA</i> or <i>Addressed by Person Centered Plan (Plan)</i>	Yes	No	Plan	NA	Additional Comments
1. Are individuals and their families encouraged to participate in the care planning process?					
2. Does the person centered plan identify various setting options provided to the participant?					
3. Does the person centered plan identify the individuals' choice to receive services at this setting?					
4. Does the person centered plan identify non-disability setting options?					
5. Does the person centered plan identify safety concerns that impact options or choice?					
6. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?					
7. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?					

Category 3

The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?					
2. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?					
3. Does the setting post individuals' rights in a visible location?					
4. Have the individuals been informed of their rights and have they received a written copy of their rights?					
5. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?					
6. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?					
7. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?					
8. Does the setting offer a secure place to store individuals' personal belongings?					
9. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?					
10. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?					
11. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?					
12. Does the setting utilize restraints only in accordance with the Mental Health Code?					
13. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?					

Category 4

The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Does the setting offer daily activities that are based on individuals' needs and preferences?					
2. Can individuals choose with whom to interact?					
3. Can individuals choose which activities to participate in?					
4. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?					
5. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?					
6. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?					
7. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?					

Category 5

The setting facilitates individual choice regarding services and supports, and who provides them.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Does the setting inform individuals/family members that they have a choice to modify their services?					
2. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?					
3. Does the setting have a complaint/grievance policy?					
4. Does the setting inform individuals how to file a complaint/grievance?					
5. Does the setting allow individuals to voice concerns or ask questions regarding the services received?					
6. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?					
7. NON-RESIDENTIAL ONLY: Does the setting have policies that support individuals' choice of services that meet their needs and preferences?					

Category 6

The setting is a physically accessible setting.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?					
2. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?					
3. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?					

Category 7 (RESIDENTIAL ONLY)

This setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?					
2. Are individuals informed of their rights regarding housing and when they could be required to relocate?					

Category 8 (RESIDENTIAL ONLY)

The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals have a choice regarding roommates or private accommodations?					
2. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?					
3. Can individuals choose their own bedroom furniture and accessories?					

Category 9 (RESIDENTIAL ONLY)

The setting provides for options for individuals to control their own schedules including access to food at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals have access to food as desired?					
2. Do meal schedules allow for some flexibility in eating times?					
3. Do individuals have the option of eating alone?					

Category 10 (RESIDENTIAL ONLY)

The setting provides individuals the freedom to have visitors at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Are the times of visits restricted in any way?					
2. Can visitors see individuals in the individuals' rooms or in common areas of the home?					
3. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?					
4. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?					

Follow Up/Next Steps _____

Notes _____

Assessment Completed By _____ Date _____

Facility/Site _____

Reviewed By _____ Signature _____ Date _____

To assist with interviews with individuals/residents/customers a list of the following questions has been created. These questions are by no means mandatory or universal in usage during an on-site visit. These examples are meant to provide direction in asking relevant and meaningful questions. In addition, within the second section below are questions that could be pertinent during a record review.

“Do you know how to access the community, such as special transportation providers, bus/van services or other transportation providers? Or do you know who to ask for this information?” Matches with Question #1.

“Are you allowed visitors?” Matches with Question #4.

“Are you able to access all of the common areas of the building both inside and outside?” Matches with Question #5.

“If the resident is currently in a double occupancy apartment: Do you have a choice for a private unit if you want on and can afford it?” Matches with #12.

“If you require assistance with personal care, such as bathing, is this done in the privacy of your apartment?” Matches with #19.

“Are you allowed to select the clothing you wear and style/cut your hair the way you like?” Matches with #22.

“Are you allowed to interact with whomever you want?” Matches with #27.

“Are you allowed to choose activities for yourself?” Matches with #28.

“Did you select your furniture and decorations?” Matches with #47.

“Are three meals a day and snacks available? Can you keep food in your apartment?” Matches with #48.

RECORD REVIEW

Is the Service Plan signed/reviewed by the resident or his/her designated representative? Verify resident’s rights are included in the resident contract.

Is the Service Plan individualized to the resident’s assessed needs? If safety interventions are required, such as alarmed delayed exit doors, is this identified in the resident service plan?

If the resident requires specialized communication to interact with staff, such as interpreter or Braille, is this identified in the service plan?

If the resident’s Service Plan includes restrictions regarding access to the community, is this appropriate based on the resident’s needs and does it allow him/her the highest level of independence while maintaining safety?

Appendix F

Heightened Scrutiny Sites

The State proposes to submit the sites listed on the next page for heightened scrutiny for CMS. Additional sites may be proposed as appropriate based on ongoing monitoring by the state agencies responsible for operating the HCBS waivers.

Information had been gathered previously as part of on-site assessments in 2016 and through submission of additional material by the sites. These packages are available at the following link:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HeightenedSecurityLocations.asp>

Operating Agencies will be working with providers on this list to update information through an assessment that is reflective of heightened scrutiny guidance issued by federal CMS on March 22, 2019: **SMD # 19-001** Re: Home and Community-Based Settings Regulation – Heightened Scrutiny (see <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd19001.pdf>).

Subsequent guidance was issued in SMD #20-003 Re: Home and Community-Based Settings Regulation – Implementation Timeline Extension and Revised Frequently Asked Questions (see <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd20003.pdf>).

The updated information will help the State to determine whether a site remains appropriate for heightened scrutiny submission, and if so, will provide an up-to-date evidentiary package for federal review. It is important to note that the purpose of providing such information is so the State may provide evidence to federal CMS that demonstrates both of the following: that a site is not institutional and that it does have the qualities of a home and community-based setting as described in the federal settings rule at [42 CFR 441.301\(c\)\(4\)\(i\) through \(v\)](#). These sections are quoted below for easy reference.

42 CFR 441.301(c)(4) *Home and Community-Based Settings.* Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

- (i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- (ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- (iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- (iv) Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- (v) Facilitates individual choice regarding services and supports, and who provides them.

Evidentiary packages for existing or future sites being proposed for heightened scrutiny will be reviewed to confirm that the sites are appropriate for heightened scrutiny and that the information in the package demonstrates the site meets the qualities of an HCBS setting. Packages will be posted in batches on HFS' website for a 30-day comment period prior to submission to federal CMS.

Any readers who require a paper copy of this evidence may obtain one by calling the Illinois Department of Healthcare and Family Services at (217) 524-4148.

Four sites previously identified as heightened scrutiny sites have been removed from the list due to the closure of their Adult Day Services program.

- Advocate Health & Hospital d/b/a Advocate BroMenn Adult Day Service
- Champaign County Nursing Adult Day Care, Urbana, IL 61801
- McDonough Adult Health Services, Macomb, IL 61455
- Midwest Medical Center, dba Galena- Stauss Adult Day Care, Galena, 61036

Two sites previously identified as heightened scrutiny sites have been removed from the list due to their withdrawal from the Supportive Living Program waiver.

- Lavender Ridge Dementia Care Setting, Effingham, IL 62401
- Saint Clare's Villa, Alton, IL 62002

Sites Currently Proposed for Heightened Scrutiny

	Agency	County	City	Zip Code
AGING/REHABILITATION SERVICES LOCATIONS				
Aging	Cherished Place Adult Day Service	Cook (suburb)	Arlington Heights	60004
DRS	Circle of Friends Adult Day Center	Champaign	Champaign	61820
DRS	Friends and Family Adult Day Center	Will	Joliet	60432
Aging	Gottlieb Adult Day Care Center	Cook (suburb)	Melrose Park	60160
Aging	St. Mary's Adult Day Services	Macon	Decatur	62521

DEVELOPMENTAL DISABILITIES LOCATIONS				
	Association for Individual Development	Kane	Aurora	60506
	Community Workshop & Training Center	Peoria	Chillicothe	61523
	Community Workshop & Training Center	Tazewell	Pekin	61554
	Community Workshop & Training Center	Peoria	Peoria	61604
	Elim Christian Services	Cook (suburb)	Palos Heights	60463
	Garden Center Services	Cook (suburb)	Burbank	60459
	Good Shepherd Manor	Kankakee	Momence	60954
	The Hope Institute	Sangamon	Springfield	62712
	Lambs Farm	Lake	Libertyville	60048
	Little City	Cook (suburb)	Palatine	60067
	Milestone, Inc. (RocVale)	Winnebago	Rockford	61103
	Shelby County Community Services	Shelby	Shelbyville	62565
	UCP Land of Lincoln	Sangamon	Springfield	62703

	Agency	County	City	Zip Code
SUPPORTIVE LIVING PROGRAM LOCATIONS				
	Asbury Court	Cook (suburb)	DesPlaines	60018
	Asbury Gardens	Kane	North Aurora	60542
	Asbury Gardens – Dementia Care	Kane	North Aurora	60542
	Aurora Supportive Living Center	Kane	Aurora	60505
	Courtyard Estates of Canton	Fulton	Canton	61520
	Courtyard Estates of Sullivan	Moultrie	Sullivan	61951
	Covenant Home	Cook (city)	Chicago	60625
	Eagle’s View Memory Care (Dementia)	Champaign	Rantoul	61886
	Evergreen Place – Beardstown	Cass	Beardstown	62618
	Evergreen Place–The Legacy Dementia Care	Macon	Decatur	62521
	Evergreen Place – Litchfield	Montgomery	Litchfield	62056
	Evergreen Place – Streator	LaSalle	Streator	61364
	Foxes Grove Supporting Living Community	Madison	Wood River	62095
	Hawthorne Inn of Clinton	DeWitt	Clinton	61727
	Hawthorne Inn of Freeport	Stephenson	Freeport	61032
	Hawthorne Inn of Princeton	Bureau	Princeton	61356
	Heritage Woods – DeKalb	DeKalb	DeKalb	60115
	Magnolia Terrace	Monroe	Waterloo	62298
	Maple Point	Piatt	Monticello	61856
	Oakwood Estates	Henderson	Stronghurst	61480
	Park Point	Grundy	Morris	60450
	The Pointe at Kilpatrick	Cook (suburb)	Crestwood	60445
	Prairie Crossing Supportive Living	DeKalb	Shabbona	60550
	Rockford Supportive (Dementia Care)	Winnebago	Rockford	61104
	Supportive Living of Wabash	White	Carmi	62821
	Supportive Living of Washington	Tazewell	Washington	61571
	Symphony Residences at Lincoln	Cook (city)	Chicago	60614
	Villa Catherine	Clinton	Carlyle	62231
	White Oak at Heritage Woods of South Elgin	Kane	South Elgin	60177

Appendix G - Action Steps to Bring Illinois into Compliance

Chart of Action Steps and Timetable to Bring Illinois into Compliance				
	Action Item	Strategy	Initial Start Date	Projected End Date
1	Initial Transition Plan Development	The State holds a series of meetings with internal stakeholders to present new federal Medicaid regulations which apply to all HCBS programs, including all 1915 c waivers, and to solicit input on the development of the Statewide Transition Plan.	4/1/2014	Complete
2	Assessment of Settings	State engages University of Illinois at Springfield (UIS) to assist with the development of two surveys -- Residential and Non-Residential Settings -- and to develop an implementation plan that includes the methodology for surveying all HCBS settings in order to gather basis information which will be used to inform the compliance status with the new requirements.	8/1/2014	Complete
	Survey of HCBS Residential Settings	The Residential Survey consists of two surveys: one which is agency-specific and another which is setting-specific. Surveys are mailed, completed, submitted to UIS.	10/5/2014	Complete
	Survey of HCBS Non-Residential Settings	The Non-Residential Survey consists of two surveys: one which is agency-specific and another which is setting-specific. Surveys are mailed, completed, submitted to UIS.	11/1/2014	Complete
	Individual site reviews to validate survey results	UIS will assist the State in stratifying the survey results into categories reflecting likely compliance status. The State will validate the survey results via on-site visits to a sampling of sites in each of the categories.	3/17/2015	Complete
	Individual consumer interviews at sites	Where possible, small on-site focus groups will be held to complete structured conversations re: choice, community integration, impact of new rule on participant lives; also, individual interviews with participants on-site will take place.	3/17/2015	Complete
	Settings Analysis	Analysis of survey results; areas needing to be addressed in order to comply with new rule will be identified	11/1/2014	Complete

	Site validation visits and analysis of compliance with HCBS settings in order to make recommendations	<p>Notify setting of site validation visit to be scheduled throughout first year</p> <ul style="list-style-type: none"> • Administer a participant survey to be distributed to site/setting participants and/or their representative; • Conduct a focus group or series of focus groups depending on the size of the site/setting with participants and/or their representatives; • Conduct meetings with key staff at the site/setting to review the self-administered survey, internal policies and procedures and documentation of community integration; • Conduct sample file reviews looking at individual participant's Plans of Care. 	3/17/2015	Complete
3	Assessment of Infrastructure			
	Legal and program staff review of current administrative rules/statutes/waiver definitions	Review of current residential agreements, including State, provider and specific site policies, rules and procedures relating to employment and day services for non-residential settings.	6/1/2014	Ongoing
	Review of current State and setting forms, program policies and procedures	Review language used; evidence of choice; service options; employment preparation/assistance; identify materials needing remediation.	3/17/2015	Ongoing
4	Communication/Public Input			
	Public notices informing participants of rule, website, welcoming input, providing schedule of upcoming public events, Phone/USPS Mail	Notices are to be distributed through email to providers and advocacy groups who will be asked to further distribute this information to their participants/members; Notices will also be published on the HFS website as well as the Illinois Register, if applicable; Phone number and USPS mailing address will be provided to receive requests for hard copies of the Transition Plan as well as to receive comments.	1/15/2015	Ongoing

	Website	Transition Plan DRAFT will be posted on the state's HFS website; comment box is provided on website for comments and questions; dates and locations of public forums will be listed on website; public comments will be posted to the website; the website will also list general guidance to be offered to providers re: compliance.	1/15/2015	Ongoing
	Public and Stakeholder Educational Forums/Listening and Feedback Sessions	Six public forums are to be held at geographically diverse, accessible locations across the state.	1/15/2014	Complete
	Webinars	Two webinars will be held: one primarily for providers/provider organizations and one primarily for participants and their families/guardians/representatives.	1/15/2015	Complete
	Written materials: DRAFT Transition Plan and Survey summaries	Copies will be provided to regional CMS Project Officer.	1/16/2015	Complete
	Revisions to the Transition Plan	Based on public comment via the website, forums, and mailed responses, as appropriate, the Transition Plan will be revised; a summary document of all public submitted comments will be attached to the Plan submitted to CMS.	1/15/2015	Ongoing
5	Remediation Strategies			
	Required modifications to existing administrative rules/statutes/waiver definitions (<i>Specific Rule/Statutes may be found in Appendix B-1 through B-5</i>)	Identify required modifications to each administrative rule, statute and waiver definition; Obtain legal approval; Implement modification. Some of these changes may require legislative action and/or waiver amendment.	1/1/2016	Ongoing

	Required modifications to existing provider forms and agreements	Review and develop recommendations for language changes and drafts of new forms and agreements; Obtain legal approval; Implement modification.	1/1/2016	Ongoing
	Required modifications and/or creation of new resident forms/agreements	Development and implementation of new resident agreements, where needed, to comport with residential settings rules. This also includes the development and implementation of State and site policies and procedures relating to employment and day services in non-residential settings.	1/1/2016	Ongoing
	Training	Training will be provided to care coordinators, service coordinators, residential staff, and credentialing and protective service staff on changes to policies and procedures due to the HCBS rules. Among the topics to be covered are: individual rights, informed choices, person-centered planning, protections, community inclusion, and working with high-risk individuals.	1/15/2015	On-going
		Training/education will also be provided for participants and families regarding compliance with the new rule and changes that may be made to their HCBS settings.		
	Individual site/setting assessment findings	Notices are to be sent to providers who are not in compliance or presumed not to be in compliance. Explanation is to be provided as to why their settings do not meet the criteria outlined in the new rule, the actions needed and the timeframes for the settings to become compliant.	9/17/2016 (goal to complete site/setting visits)	Complete

	<p>Evaluate and make recommendation re. site/setting's compliance with HCBS settings - including heightened scrutiny</p> <p>(Process defined above in "Site validation visits and analysis of compliance with HCBS settings in order to make recommendations)</p>	<p>Sites which appear to be out of compliance with the requirements of the regulation:</p> <ul style="list-style-type: none"> • those adjacent to, or on the grounds of, public institutions; • those located in a facility which provides inpatient treatment; and • those which seem not to provide the opportunity for participants to receive services in the most integrated community settings <p>Determinations will be made on a case-by-case basis. Additional information may be provided by the site and a site visit will take place. Materials will be presented to CMS.</p>	9/17/2016	Ongoing
	<p>Provider sanctions and disenrollment</p>	<p>State will de-certify and/or sanction providers who have failed to complete their remediation plans or have failed to be cooperative with the transition of the HCBS settings.</p>	1/1/2018	Ongoing
	<p>Individual participant transitions</p>	<p>If necessary, the State will work with individual providers to develop transition plans for participants residing or participating in non-compliant settings. Transitions will occur only after all options have been exhausted. Care coordinators, program staff and other individuals involved in the participants' care will join in the decision-making regarding an alternative residence or service location. State will ensure that all participants have a safe transition plan before any relocation or transition occurs.</p>	1/1/2018	Ongoing

6	Ongoing Compliance			
		Activities which may be components of maintaining ongoing compliance with the new rule will include:		
		<ul style="list-style-type: none"> an annual review of the participant’s person-centered plan, during which feedback will be sought from the participant and the participant’s family or guardian regarding the access to community activities, choice of accommodations, roommates, and services. In addition, the annual review should validate the inclusion of participant goals and satisfaction with services. 	1/1/2018	On-going
		<ul style="list-style-type: none"> onsite inspections/audits which include collection of data re: factors described in the new rule (choice, options, community integration); 	1/1/2018	On-going
		<ul style="list-style-type: none"> implementation of the Quality Assurance Plan for each waiver, described in Appendix H of each waiver and modified as necessary to incorporate rules 	1/1/2018	On-going
		<ul style="list-style-type: none"> QA monitoring of Assurances and Performance Measures; 	1/1/2018	On-going
		<ul style="list-style-type: none"> The HFS website will remain active and its comment box will remain available to those in the community who would like to file complaints or make comments about the policies and procedures at particular settings that appear non-compliant with rule requirements. 	1/15/2015	On-going
		<ul style="list-style-type: none"> Sites found to be out of compliance during any routine assessments will be required to complete a corrective action plan. 	1/1/2017	On-going

Appendix H

Written and Verbal Comments Received in Response to Illinois Statewide Transition Plan Posted 2/5/2020 and State Responses

	TOPIC CATEGORY	TOPIC THEMES	# Comments	Plan Modified?
1	Assurance of available service options and information to enable participant choice and integration in the greater community	A. Need for true service options, not few choices based on what's currently available; give recipients a real choice, educate recipients regarding what those choices are and give them opportunities to see them.	38	
		STATE RESPONSE The Division of Developmental Disabilities (DDD) believes there is flexibility to create self-directed supports and individual choice within its current waiver. The DDD is working to communicate these flexibilities to individuals, families and Independent Service Coordination (ISC) Agencies, as well as to community-based waiver funded providers. The DDD will use the Rates Committee Report and the newly released Guidehouse (formerly Navigant Consulting) Rates Report that is based on stakeholder feedback about service needs to make additional changes and adjustments (subject to appropriation). The State is hopeful that this realignment will give individuals more flexibility with services and ultimately result in individuals having more choice.		
		B. Availability of transportation (public or otherwise) and related supports (e.g. training for how to use, staff to accompany individuals if necessary) to/from jobs, volunteering, medical and other appointments, church, stores, etc. Suggestions from comments included: having door-to-door transport for day programming that is on time, reliable and assures safe pickup and drop off, as a fixed schedule of 8:30 am-2:30 pm is difficult for working parents; working with regional bus systems, school bus services (offsetting day programs' start and end times so it doesn't coincide with school times) to expand transportation availability.	30	
		STATE RESPONSE The DDD is developing a Transportation Barriers & Solutions Report; the DDD will utilize these suggestions as that work moves forward.		
		C. Programs to help persons with disabilities prepare for future and be as independent as possible: having independent living coaches; learning independent living skills such as budgeting, cleaning one's living space, making meals.	6	
STATE RESPONSE These activities are encompassed in the current Direct Support Professional Training. The DDD will continue to evaluate this training to ensure that it provides training and support for staff to support individuals to attain independent living skills.				

	<p>Additionally, one of the main services provided through Personal Support is to teach adaptive skills to assist the participant to reach personal goals. Skill development could include money management, skills necessary to self-advocate and exercise civil rights, and exercising control and responsibility over their other support services. Similar to Personal Support, Community Day Services teaches adaptive skills that take place in a non-residential setting. The adaptive skills taught include motor development, attention span, safety problem solving and quantitative skills.</p>		
	D. Need more choices in medical doctors.	12	
	<p>STATE RESPONSE Nothing prevents individuals/families from using the doctor of their choice except where the program has authorized restrictions (such as managed care).</p> <p>A case manager's (ISCs) job is to help the individual and family become well-informed about all choices that may address the needs and outcomes identified in the plan.</p>		
2	Current Service Options need to be Reviewed and/or Expanded under Existing HCBS Waivers and Align with CMS Regulations		
	A. Prioritization of Urgency of Need for Services (PUNS)	35	
	<p>1. Reduce the PUNS Wait List for adults.</p> <p>STATE RESPONSE Per the Reasonable Pace Agreement agreed to by the State and Plaintiffs in the Ligas Consent Decree, in Fiscal Years 21 through 25, the DDD agreed to serve a minimum of 630 adults from PUNS each year as outlined below. Per the Agreement, by FY25, the maximum wait time on PUNS (Seeking Services category) will be 60 months/5 years, measured as of the date of enrollment on PUNS - or the individual's 18th birthday if they were enrolled prior to age 18).</p> <p>FY21: Initial Yearly Selection will be based on a maximum wait of 70 months; FY22: Initial Yearly Selection will be based on a maximum wait of 64 months; FY23: Initial Yearly Selection will be based on a maximum wait of 63 months; FY24: Initial Yearly Selection will be based on a maximum wait of 61 months; FY25 Initial Yearly Selection will be based on a maximum wait of 60 months.</p>		
	2. Pull children from PUNS list for services.	19	
	<p>STATE RESPONSE The DDD would need an appropriation from the General Assembly and could need a waiver amendment in order to select additional children off the PUNS list for services. However, all children at risk of homelessness, abuse and/or neglect are able to access needed DD Waiver services through crisis funding. Individuals and families in any of these situations should contact the ISC in their area for assistance.</p>		

	3. Eliminate requirement for annual PUNS update to prove an individual still has a developmental disability, as it had to be confirmed originally in order to be put on the PUNS list.	1	
	STATE RESPONSE The annual requirement is for the ISC to update an individual’s information on PUNS and to assess an individual’s current situation; this is necessary to ensure the person’s needs and desires are accurately reflected. The annual update does not require the ISC to assess eligibility.		
	4. Help parents prepare for future – for “what’s next”: when children turn 22 or when they are notified about PUNS \$\$/being selected from PUNS list. Create supports for parents and caregivers so they do not feel alone; provide outreach so they are aware of their rights, know where to start, what to ask for, what services are out there.	13	
	STATE RESPONSE ISCs are the frontline communicators for individuals with developmental disabilities and their families. The DDD also funds the Ligas Family Advocate Program which provides outreach and support to individuals and families, as well as helps them navigate the system and what they can expect as they move forward in the process. In early PUNS notification letters this year, the DDD included the connection to the Ligas Family Advocate Program as an additional reminder of this available support. The DDD will continue to work with the Illinois State Board of Education (ISBE) on smooth transition planning to adult services. The DDD is aware of a number of workgroups underway to make this process easier and more streamlined.		
	5. Use data collected through ISCs and PUNS list for future planning by identifying: whether an individual currently is receiving services or is awaiting access; the town/city where an individual currently lives and wants to live; what services and settings he or she is interested in; and what type of supports and staff training would be required for individuals with specialized needs. Such analysis allows planning to be person centered rather than based strictly on what options are available.	5	
	STATE RESPONSE The DDD has used the Rates Committee Report and the newly released Guidehouse Rates Report that is based on stakeholder feedback about service needs. In addition, last year the DDD conducted a number of listening sessions to hear about service needs in relation to a potential support waiver. As a result of both of these activities, the DDD has started working on expanding employment supports. In addition, the DDD annually reviews service utilization and compares it against projected usage, and is developing a Community Capacity Barriers & Expansion Report that would address and assess system needs.		

B. Capacity Building – Smaller, More Individualized Settings	1. Building/expanding capacity for smaller, more individualized residential settings. Examples from comments: 3 or less housemates; 4 or less housemates; 2 person CILA for people with DD, higher behavioral needs; have housemates of similar ages; set size limits on residential settings.	50	X
	STATE RESPONSE The DDD agrees that expansion of smaller settings, as well as additional support for individuals with more intensive medical or behavioral needs, is necessary. The DDD recently completed a rate study process which resulted in the Guidehouse Rates Report that outlines new services and service rates that would address these needs (subject to appropriation and waiver amendment). In addition, the DDD is developing a Community Capacity Barriers & Expansion Report to assess the system. This would also include needs around physical accessibility, high behavioral, and high medical needs.		
	2. Development of more individualized settings close to where people currently live/home communities in order to preserve family/friend/community connections, jobs, etc.	36	
	STATE RESPONSE The DDD is developing a Community Capacity Barriers & Expansion Report that would address and assess system needs. This would also include needs around physical accessibility, high behavioral, and high medical needs.		
	3. Create individualized, flexible housing supports for individuals in own homes, for up to max of 3 persons; incentivize CILA providers to serve people in own homes (particularly in rural areas).	5	X
	STATE RESPONSE There are currently four (4) types of CILA supports offered in Illinois: twenty-four-hour shift staff, Host Family (aka Foster Care), Intermittent, and Family Intermittent. Any of these types of CILA supports should be considered, depending on the needs and preferences of the individual, with the individual served accessing and controlling their own living environment. The DDD supports CILA services being provided to the individual living in their own home and, when applicable, with other individuals with whom they chose to live. Even though some types of CILA supports include housing allowances, it is up to the CILA provider and ISC to ensure CILA services are delivered in the living environment of the individual's choosing and that the individual/family knows all available housing options. The DDD also encourages all individuals served to seek, request and receive any and all subsidies available to assist with funding all available housing options.		
	4. Need to be clearer in STP regarding how State plans to make more resources available for community-based services and supports (such as staff, transportation) including for non-disability-specific settings.	53	
STATE RESPONSE Funding is subject to appropriation. The Guidehouse Rates Report released in December 2020 gives recommendations for investment.			

		5. Promote more independent and economical options for those who desire them.	34	
		STATE RESPONSE Within the DD Adult Waiver, DDD currently offers a self-directed service – Home Based Supports (HBS). The HBS program provides a monthly allotment which individuals and families can use to purchase needed/desired services and supports. In addition, DDD also provides Family and Intermittent CILA services in which individuals can live in a family home or home on their own, while receiving provider-based CILA services.		
C. Capacity Building – Serving individuals with higher/more comprehensive needs		1. Need more staffing, day and housing options to support people requiring customized arrangements, with staff trained to meet their unique needs. Examples from comments: availability of placements with wheelchair accessibility; services for persons across the autism spectrum; individuals leaving SODCs; flexible supports so individual can stay in place as needs/health change; individual support services for people with higher medical or behavioral needs; medical supports as needed, such as a person who needs suctioning or has a seizure disorder.	70	X
		STATE RESPONSE The DDD agrees that expansion of smaller settings, as well as additional support for individuals with more intensive medical or behavioral needs is necessary. The DDD recently completed a rate study process that resulted the Guidehouse Rates Report which outlines new services and service rates that would address these needs (subject to appropriation and waiver amendment). In addition, the DDD is developing a Community Capacity Barriers & Expansion Report that would address system needs. This would also include needs around physical accessibility, high behavioral, and high medical needs.		
		2. Need specialized community-based work program for participants who are non-speaking or minimally speaking.	3	
		STATE RESPONSE Employment is a priority for the DDD. The DDD recently (fall 2020) finalized a Memorandum of Understanding (MOU) with DHS’ Division of Rehabilitation Services (DRS). This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work. The DDD has contracted a staff member dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year. The finalized MOU can be found on the DDD Employment webpage: https://www.dhs.state.il.us/page.aspx?item=127996.		
		3. Address shortage of adult day programming for adults needing 1:1, 2:1 or 3:1 staffing ratio, including community-based services.	5	

	<p>STATE RESPONSE The Guidehouse Rates Report that was released in December 2020 addresses the needs of smaller staffing ratios.</p>			
	<table border="1"> <tr> <td data-bbox="418 296 1268 405">4. Hire specialists for specific conditions such as autism. Provide Medicaid coverage for Applied Behavior Analysis across the life span.</td> <td data-bbox="1268 296 1398 405">3</td> <td data-bbox="1398 296 1547 405"></td> </tr> </table>	4. Hire specialists for specific conditions such as autism. Provide Medicaid coverage for Applied Behavior Analysis across the life span.	3	
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	<p>STATE RESPONSE Community-based residential providers are expected to coordinate care for the individuals they support, and provide referrals to specialists necessary to address the individual’s particular needs.</p> <p>Per Public Act 101-0010, treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) shall be covered under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed or certified health care professional with expertise in ABA. HFS’ informational notice issued 10/30/2020 announced coverage for ABA services for children age 0 through 20 years diagnosed with an ASD under both Medicaid fee-for-service and Medicaid managed care plans, subject to prior authorization.</p>			
	<table border="1"> <tr> <td data-bbox="418 869 1268 1050">5. Increase use of Assistive Technology and related training for individuals and their families/DSPs/PSWs. Expand availability and use of Remote Technology/Supports and related training for individuals and their families/DSPs/PSWs. Coordinate and partner with the Illinois Assistive Technology Program.</td> <td data-bbox="1268 869 1398 1050">23</td> <td data-bbox="1398 869 1547 1050"></td> </tr> </table>	5. Increase use of Assistive Technology and related training for individuals and their families/DSPs/PSWs. Expand availability and use of Remote Technology/Supports and related training for individuals and their families/DSPs/PSWs. Coordinate and partner with the Illinois Assistive Technology Program.	23	
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	<p>STATE RESPONSE The DDD is currently in the midst of an Assistive Technology (AT) Pilot project with 7 organizations. In December 2020, the DDD submitted a waiver amendment adding Remote Supports as a new waiver service for individuals living in CILA settings. Remote Supports are intended to allow individuals residing in these settings to be more independent by not having staff present at all times.</p> <p>A webinar on the DD Waiver and assistive technology, adaptive equipment, and home and vehicle modifications, as well as remote supports, is being offered to community-based waiver-funded providers on 2/25/21. Registration information was sent out on 1/13/21.</p>			
	<table border="1"> <tr> <td data-bbox="418 1444 1268 1625">6. Include augmentative, alternative and eyegaze communication devices and related training as a waiver service. One commenter noted eyegaze technology for her daughter cost \$18,000, which exceeds the waiver’s 5 year cap of \$15,000 and was purchased through Medicare.</td> <td data-bbox="1268 1444 1398 1625">10</td> <td data-bbox="1398 1444 1547 1625"></td> </tr> </table>	6. Include augmentative, alternative and eyegaze communication devices and related training as a waiver service. One commenter noted eyegaze technology for her daughter cost \$18,000, which exceeds the waiver’s 5 year cap of \$15,000 and was purchased through Medicare.	10	
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	<p>STATE RESPONSE Service limits for the Adaptive Equipment/Assistive Technology waiver service are set based on appropriation.</p> <p>Through the HFS Prior Approval Policy, the Illinois State Medicaid Plan covers speech generating devices, including devices with eyegaze technology as well as software, mounting systems, and training needs. Coverage is dependent on a Speech Language</p>			

	<p>Pathologist (SLP) successfully training the participant on use of the device, and the participant demonstrating successful use of the device. Prior Approval for SLP services is not required during the United States Public Health Emergency for Novel Coronavirus.</p>		
	<p>7. Provide waiver access to children with complex medical conditions so they may have access to nursing services and health insurance coverage for hospitalizations and other medical costs.</p>	4	
	<p>STATE RESPONSE The Medically Fragile, Technology Dependent (MFTD) Waiver operated by the University of Illinois at Chicago – Division of Specialized Care for Children (DSCC), provides an array of services for individuals who have a severe physical illness or disability that requires a level of care appropriate to a hospital or skilled nursing facility. Enrollment in the waiver must occur prior to an individual’s 21st birthday.</p>		
D. Flexibility/Creativity re: Housing Possibilities and Day Programming	<p>1. Separate ties between residential and community day services, so that individuals aren’t required to go to the day program of their residential provider.</p>	9	
	<p>STATE RESPONSE Individuals who reside in CILAs or CLFs are not required to attend the CDS (Community Day Services) program associated with their residential provider. Individuals have the right to choose the service and provider they want to use. The ISCs are available to assist individuals and guardians with choosing alternative providers of their choice. The DDD will issue clarification to ISC agencies regarding choice in CDS providers.</p>		
	<p>2. Various suggestions for housing scenarios: provision of non-residential waiver services and supports to individuals who own, rent or lease where they live; shared living options where funding structure is individualized, not combined with roommates; multiple smaller CILAs in same building for specialized populations such as persons with autism, and share specialized staff between the units; retirement community with assisted living options for individuals with disabilities.</p>	5	
	<p>STATE RESPONSE The DDD is in the process of revising Rule 115 to address current language that may impact housing flexibility. Once complete, the revision will be submitted thorough the typical rule-making process and will be available for comment.</p>		
	<p>3. Have a waiver-wide philosophy centered on portable self-directed funding.</p>	8	
<p>STATE RESPONSE Individuals currently enrolled in a DD Waiver program are not only offered choices in services and providers when entering the Waiver, but can also use their Waiver funding for services from another willing and qualified Medicaid provider of their choosing. This applies to authorized services within a DD Waiver (i.e. individual in DD Adult Waiver/Community Day Services, can leave provider A and can move to provider B). The ISC is available to assist with finding alternative providers.</p>			

		<p>4. Enable flexibility for community-based day program activities that may occur in in evenings or on weekends, for individuals of all functioning levels. Allow flexibility in start and end times. Enable community-based day program activities to occur in non-licensed program settings such as park district or fitness classes in the community.</p> <p>One commenter suggests a “Hub and Spoke” model, where an individual starts and ends the day at the licensed program (or home), and then is driven by agency staff to and from the program of the individual’s choice for the day.</p>	10	
		<p>STATE RESPONSE</p> <p>The DDD has issued clarification since February 2020 (when the STP was released and comments gathered) that day programs have flexibility both in start and end times, as well days of the week and operating hours in which services are provided. In addition, further clarification can be found here: https://www.dhs.state.il.us/page.aspx?item=125597</p> <p>Park Districts are already able to seek and become qualified as a certified day program. However, while individuals may attend a fitness class in the community, waiver funding would not be available unless the class is held by a certified provider.</p>		
	E. Housing	<p>1. Offer resource hub for individuals and families to learn about supportive housing, how to apply for those supports; educate ISC’s about the Statewide Referral Network, the IDHS Statewide Housing Coordinator based in DHS and other opportunities so they have this knowledge when working with families.</p>	9	X
		<p>STATE RESPONSE</p> <p>Information and resources about supportive housing are currently available online on the IDHS and Illinois Housing Development Authority (IHDA) websites. The IDHS will work with IHDA to evaluate how better to guide individuals and providers more directly to those resources. The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. The DDD will also discuss training targeted to ISCs and others within the I/DD system.</p>		
		<p>2. Develop Interagency agreement w/IL State Housing Authority, engage IL State Association of Housing and local Workforce Boards for both affordable and accessible housing.</p>	9	
		<p>STATE RESPONSE</p> <p>While there is no State Public Housing Authority in Illinois, IDHS does work closely with and has intergovernmental agreements with the IHDA, the State’s Housing Finance Agency. IHDA is the designated lead agency in coordinating, developing and distributing the Consolidated Plan for the State of Illinois, and receives input from an advisory committee, state agencies, and the general public in developing and updating the Plan. Through the planning process, IHDA assesses the affordable housing and community development needs and market conditions to make data-driven, place-based investment decisions. IHDA is also leading the effort to build a Housing Blueprint to ensure the State understands and can meet the housing needs of communities across the state both now</p>		

	<p>and in the future. The IDHS encourages every advocate and every resident of Illinois to visit the ancillary website at https://ilhousingblueprint.org/ and contribute to that plan. The IDHS will also continue to collaborate with its statewide housing advocacy partners that include Housing Action Illinois, Illinois Supportive Housing Providers Association, Corporation for Supportive Housing, and the Illinois Housing Council.</p>		
	<p>3. Establish system of specialists assigned regionally and/or support ISCs in helping individuals to find housing supports.</p>	<p>9</p>	
	<p>STATE RESPONSE The IDHS is currently exploring ways to increase the capacity of its existing network and better connect it with other state networks to provide the regional/local housing support needed. There are previously established statewide entities that provide housing supports for persons with disabilities, but it is important to acknowledge there is a serious lack of affordable and accessible housing statewide for all populations. There is not always an easy pathway toward finding the housing supports needed when the demand is so much greater than the supply. The DDD continues to identify ways to better connect the I/DD population with all the existing housing resources in addition to advocating for more housing resources. The DDD is currently working with the Illinois Council on Developmental Disabilities, as well as the IDHS Statewide Housing Coordinator on opportunities to expand available housing resources. The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. DDD will discuss additional training targeted to ISCs and others within the I/DD system.</p>		
	<p>4. Develop regional approach for connections so that housing being built has some available to individuals with developmental disabilities.</p>	<p>10</p>	
	<p>STATE RESPONSE All non-elderly Low-Income Housing Tax Credit (LIHTC) projects funded by IHDA are required to dedicate a minimum of 10% of the total units to the Statewide Referral Network (SRN) with competitive preferences for some projects that dedicate additional units. Residents of SODCs and ICF/DDs, as well those selected from the PUNS list for services with active SRN applications, receive priority for available units along with individuals with other disabilities or illness, or individuals who are homeless or at risk of homelessness. Developments funded through the 100+ local Public Housing Agencies (PHAs) and community development entities within the local government structures across the state that do not receive state funding, are outside the scope of state governance. The DDD can provide data and support to local advocacy efforts as requested, but local providers, residents, and advocacy groups are better connected to lead advocacy efforts within their local governing structures.</p>		
	<p>5. Provide state funded housing subsidies for rent and initial apartment start-up costs, similar to DHS' Division of Mental Health's Bridge Subsidy, as an alternative to institutional options used because there is a lack of affordable housing.</p>	<p>8</p>	

	<p>STATE RESPONSE The DDD is evaluating the feasibility of supportive housing options including bridge funding, which would be subject to appropriation and statutory change. The DDD does not currently have the legislative authority or budgetary appropriation to implement such a model.</p>		
	6. Need to be clearer in STP regarding how State plans to make more resources available for community-based housing and supportive housing, including for non-disability-specific settings.	50	
	<p>STATE RESPONSE The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. Our next training <i>Supportive Housing: Supportive Housing Waitlists 101 and How You Can Use the Existing DD Waiver to Fund Supports</i> will be held on 3/11/21. In addition, the Statewide Housing Coordinator will be providing an ISC specific training on 3/10/21.</p>		
	7. Make supported housing/supported living a permanent waiver option for all service recipients. Increase flexibility in how the waiver can be used and services can be procured.	5	
	<p>STATE RESPONSE Individuals receiving waiver funded services are currently able to receive services in their own home or living environment and self-direct their services. Please see the following Information Bulletins: https://www.dhs.state.il.us/page.aspx?item=83431 https://www.dhs.state.il.us/page.aspx?item=78890 The DDD will continue to educate individuals and providers on the expansion of supportive housing/supported living utilizing existing waiver structures.</p>		
F. Home Based Support Services	1. Increase funding for HBS to build in automatic annual/bi-annual increases for cost of living, and to pay for provider increases, rather than families having to absorb provider increases as part of their HBS money.	2	
	<p>STATE RESPONSE The DDD has built in annual COLAs to HBSS funding by tying it to the SSI amount. The DDD budget is based on appropriation, therefore, the DDD budget would need an increased appropriation in order to address the issue of HBSS monthly budgets. Additionally, the HBSS funding is set in statute so any change to the current funding structure would require a change to legislation through the General Assembly.</p>		
	2. Develop improved standards for program expectations for HBS clients to continue working on skills and achieve outcomes.	2	
	<p>STATE RESPONSE The Independent Service Coordination (ISC) Agency is responsible for ensuring appropriate progress towards the achievement of skill development and outcomes. The DDD is working on an updated training for ISCs. The DDD Bureau of Quality Management (BQM) also reviews individual personal plans and implementation strategies as part of their review process. This review process continues to be reviewed by DDD.</p>		

		3. Allow for movement from HBS to CILA in the adult waiver.	3	
		STATE RESPONSE The DDD currently allows for movement from HBS to CILA in the adult waiver. The DDD is currently working on an Information Bulletin to clarify the process for moving between waiver services.		
		4. Several comments dealt with the economic impact of choosing to keep their adult child at home rather than placing them in an institution because no other choices are available. A commenter spoke of the impact on siblings if parents are unable to continue caring for their child with a developmental disability. Another commenter noted that HBS depends on family members to serve as case managers, stating there was a need for proper supports if parents are or as they become seniors or develop health issues.	3	
		STATE RESPONSE Information and Assistance in Support of Participant Direction by a Self-Direction Assistant (SDA) is a waiver service intended to support families to arrange for, direct, and manage services. The extent of the assistance furnished to the individual or family will be dependent on the needs/wants of the individual and their family. More information can be found here: Consumer Handbook for HBS		
	G. Employment	1. Add a new waiver service for community work incentives, including Community Work Incentive coordinators.	2	
		STATE RESPONSE Employment is a priority for the DDD. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work, and a Memorandum of Understanding (MOU) with DHS' Division of Rehabilitation Services (DRS) was finalized in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year. The MOU can be found at DDD's Employment page: https://www.dhs.state.il.us/page.aspx?item=127996.		
		2. Need various kinds of employment as waiver services – Integrated, Customized, Competitive, Supported – for individuals of all functioning levels. Require competency-based certification for customized employment personnel. Need to be clearer in STP regarding how State plans to make more resources available to expand capacity.	81	X
		STATE RESPONSE Employment is a priority for the DDD. The DDD is currently working with the State Employment Leadership Network (SELN) for support in system transformation. In addition, the DDD is working in conjunction with the DRS to provide a more robust service array for		

	<p>individuals who are interested in work, and finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services (DRS) in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system.. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</p>		
	<p>3. Supports individuals working in the community being paid fair and competitive wages; be able to keep money made from work; should have policies in place to ensure earned income does not create eligibility problems if it accumulates beyond allowed Medicaid thresholds.</p>	<p>16</p>	
	<p>STATE RESPONSE The IDHS Division of Family and Community Services (“DFCS”) is responsible for determining eligibility for Medicaid based on federal guidance. The Department of Healthcare and Family Services (“HFS) also plays a role as the State’s Medicaid agency. The DDD will continue to work with both DFCS and HFS on this issue. In addition the Division is exploring the “earned income” issue within its rate methodology.</p>		
	<p>4. Want more work hours, more job opportunities in the community.</p>	<p>37</p>	
	<p>STATE RESPONSE Employment is a priority for the DDD. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work, and finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services (DRS) in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system.. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</p> <p>The MOU can be found at DDD’s Employment page: https://www.dhs.state.il.us/page.aspx?item=127996.</p>		
	<p>5. Want more educational opportunities, such as learning how to read and write, going to personal enrichment activities and attending college classes. Have supports (fees, transportation, staff etc.) as needed in order to participate.</p>	<p>30</p>	

		<p>STATE RESPONSE</p> <p>An HCBS waiver is not intended to replace the education system. Some of the current waiver services are intended to assist in the acquisition, retention, or improvement in socialization, adaptive skills, and activities of daily living. Legislation was introduced in the Illinois General Assembly during the 101st GA (SB 2333) that would allow a PSW/DSP to attend a college class with a waiver participant in order to provide them the support they need during the class. The legislation passed only one chamber before the 101st session ended; the DDD will monitor the 102nd GA in the coming months for a new bill to be introduced. Community Day Service program do offer personal enrichment activities and skill building.</p>		
		6. Need sufficient supports for individuals to ensure successful employment engagement, to live independently. Examples from comments: provide training to agencies, help in finding community partners; cross-train DSPs as job coaches.	25	
		<p>STATE RESPONSE</p> <p>Employment engagement and independent living are separate focus areas. The DDD currently has a waiver service, Supported Employment (SEP), which provides supports for individuals to prepare for and achieve employment. The DDD is in the process of reviewing and possibly revising this waiver service to better clarify the intent and outcomes of the service. The Guidehouse Rates Report has a recommendation for 6 levels of service within the SEP program based on the support needs of the individual. The DDD’s ability to implement these changes would be subject to appropriation and potentially a waiver amendment.</p>		
		7. Create a formal Intergovernmental Agreement with the DHS Division of Rehabilitation Services regarding customized employment.	5	
		<p>STATE RESPONSE</p> <p>The Division recently (fall 2020) finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services. It does not include specific criteria around customized employment but does outline the expectations for each Division as well as the way both Divisions can support the service system. This was finalized after the release of the STP and comment period. In addition, DRS has a customized employment pilot that will employ 30 individuals in FY 21. We look forward to the results of this pilot.</p>		
3	Reduce reliance on Institutions, Large Group Homes and Large Congregate Day Programs	<p>A. Need to rebalance funding toward community-based services. Examples from comments: make planned increases in community services in balance with reduction in institutional care; share data regarding shifts in funding toward person-centered services; build capacity for and focus on Customized Employment and use of Assistive Technology.</p> <p>STATE RESPONSE</p> <p>The DDD the Guidehouse Rates Report where the DDD received recommendations on improvements and revisions for reimbursement rates for community-based services. These recommendations encourage smaller settings for both group homes and community day service programs.</p>	89	

		B. Make more affordable and accessible housing options available for community supported living rather than group homes.	63	
		STATE RESPONSE Individuals receiving waiver funded services are currently able to receive services in their own home or living environment and self-direct their services. The DDD will continue to educate individuals and providers on the expansion of supportive housing/supported living utilizing existing waiver structures. Affordable and accessible housing is a challenge for many individuals, including those with and without disabilities, across the State of Illinois. The DDD will continue to work with the DHS Statewide Housing Coordinator and IHDA on expanding opportunities for accessible and affordable housing for individuals with I/DD. See supportive housing section above.		
		C. Home and Community-Based Services (HCBS) monies should not go to settings that have isolating characteristics.	10	
		STATE RESPONSE The DDD agrees and will assess this during the heightened scrutiny process.		
		D. A number of commenters stated they do not want campus-type settings to take away from true HCBS.	10	
		STATE RESPONSE The DDD agrees and will assess this during the heightened scrutiny process.		
		E. A number of commenters supported smaller community day programs, not large workshops. One commenter stated that sheltered workshops should be phased out; another, that Illinois should move from facility-based day habilitation to entirely community-based services.	16	
		STATE RESPONSE The DDD agrees that expansion of smaller settings would better meet individuals' needs. The Guidehouse Rates Report outlines new rates for day services, with smaller ratios of individuals to staff which would address this comment (subject to appropriation and Waiver amendment).		
4	Comments or questions in support of the HCBS Settings Rules	A. Supports Individuals being able to make choices for their own lives: where to live, with whom; Supports individuals' rights to having own bedroom/apartment /home.	116	
		STATE RESPONSE The Division continues to incorporate Person-Centered Planning and Settings rule (Federal CMS Home and Community Based Waiver) requirements that emphasize individual choice. The ISC informs individuals and families of available service options and qualified providers through the Person-Centered Planning process. The Plan must reflect that the setting in which the individual lives was chosen by the individual or guardian, if applicable, and include individually identified outcomes the individual would like to accomplish.		

		B. Supports individuals being able to choose what sort of job/volunteering/day program they want to pursue, being able to choose where they work, hobbies, community events to attend.	71	
		STATE RESPONSE One of the fundamental rights of individuals in a HCBS Waiver is their right to choose living arrangements, services, service provider, and what they do outside of waiver services. Individuals have the right to speak up and advocate on their own behalf or they can have family, friends, guardian, etc. advocate for them. An individual’s wants and needs should be communicated as part of the Person-Centered Planning process with their ISC agency.		
		C. Supports individuals having control of personal resources, control over their own schedules, having more food choices; supports other general aspects of the HCBS settings rule requirements.	57	
		STATE RESPONSE The DDD will work to develop Information Bulletins this fiscal year to address and clarify the concerns around personal resources, schedules, and food choices.		
		D. Supports individuals living a full life, being members of a community based on natural connections through common interests, providing adaptations that allow for true inclusion in the community. Four commenters were not in favor of reverse integration, a term for when individuals from the community come onto the grounds of a setting to participate in services or activities.	61	
		STATE RESPONSE The DDD agrees that true integration is necessary. Community integration is screened through the BQM’s review process as well as the heightened scrutiny process. The heightened scrutiny process, created by federal CMS, is a review process to determine whether settings have the qualities of an institution or of a home and community-based setting.		
5	Process needs to be strengthened for inclusion of participants and their plans of care.	A. Need real person-centered planning, real discovery about interests. Planning process for individuals participating in programs needs reviewed to ensure personal plan reflects necessary changes. Individuals need to be included in the planning and in meetings.	60	X
		STATE RESPONSE The DDD has worked with the Illinois Council on Developmental Disabilities and stakeholders from the DD Advisory Committee to develop a self-advocate survey. The survey includes questions relating to satisfaction, feedback on the PCP process and issues relating to Settings requirements. The DDD is also reviewing its Discovery Tool and Personal Planning Process. This will include a survey of ISCs and Providers on the process. The process will involve making specific recommendations for process changes as well as create documentation processes for the ISCs to ensure progress towards outcomes. ISCs and providers will receive training on the new, updated process.		

		B. Need to have interdisciplinary team meetings to provide better communication regarding an individual’s personal changes. Presently, there isn’t a requirement to have a community support/interdisciplinary team meeting.	3	
		STATE RESPONSE The ISC Agency is required to meet/gather information from all parties for the development of the Personal Plan. Attendees of the meetings should include the ISC as the conflict free case management entity, the participant, the participant’s family and/or legal guardian, and other individuals from the participant’s support network as the participant or family or guardian chooses. The DDD will follow up with the ISCs to gain a better understanding of the concern and address issues as they occur.		
		C. Change the person-centered plan form so that it focuses on the individual, uses language and is in a format the individual understands. Use dignity of risk/risk assessment tools.	7	
		STATE RESPONSE The DDD is considering a revision to the Personal Plan form and will take these comments into consideration.		
		D. Need to be able to get info to/input from participants who are nonverbal and/or don’t have access to communication supports.	4	
		STATE RESPONSE For individuals who do not communicate verbally or don’t have access to communication supports, the ISC must rely on people who know the individual best (family, guardian, friends, caregivers, service and medical providers, etc.). The ISC should also review records regarding the person.		
		E. Provide ongoing education and training opportunities to service providers in detailing and implementing service activities that lead individuals to achieving person-centered plans.	4	
		STATE RESPONSE The DDD will work with the ISCs and service providers to present additional training/information to ensure providers understand their part in supporting individuals to experience/achieve identified outcomes in the Personal Plan and to detail their supports through the Implementation Strategy they develop.		
6	Process needs to be strengthened in State Oversight of HCBS providers to ensure compliance	A. Need technical assistance and guidance for providers, cannot just tell them they need to comply. Need to have mechanism for providers to be able to talk and problem solve on issues with one another. Need to put system into place for ongoing assistance and guidance for those agencies not currently in compliance.	12	
		STATE RESPONSE BQM conducts annual reviews. The review identifies ongoing issues, works with the provider to both understand and resolve the issue. As a part of the resolution of any issues, BQM offers technical assistance to resolve any ongoing issues. Technical assistance is always available and can include visits to the provider.		

	<p>B. Train on PCP and Settings Rules, STP Expectations and Compliance Process, choice and dignity of risk for all stakeholders: ISC case managers, Office of State Guardian, provider agency leaders, DSPs/PSWs/other support staff, DHS BALC, BQM and OIG staff, parents, communities, etc. Describe compliance components for residential and non-residential sites. Include participant discussions as part of such training. Have recorded trainings available online.</p>	16	
<p>STATE RESPONSE As noted in the STP, as part of its work moving forward, in conjunction with DHS-Bureau of Accreditation, Licensure and Certification (BALC), HFS and others as needed, the DDD will develop and implement training to educate providers about settings requirements (both residential and non-residential), as well as additional requirements for provider-controlled residential settings. Training materials and any webinar recordings will be posted on the DDD’s training and webinar websites.</p> <p>The Division provided recorded and face-to-face discussions on Person Centered Planning expectations in 2018 and 2019, to families, provider agencies, ISC agencies, Office of State Guardian, and Statewide provider and advocacy organizations. The DDD is currently working on a review of the Person-Centered Planning process, including a survey of ISCs and providers, to gather input on the process for potential updates. Once potential updates are identified, ISCs and providers will receive additional training on the new, updated process.</p>			
	<p>C. Use ICDD video resources from CQL website, federal CMS toolkit for training and education of all stakeholders.</p>	4	
<p>STATE RESPONSE As noted in the STP, as part of its work moving forward, in conjunction with DHS-BALC, HFS and others as needed, the DDD will develop and implement training to educate providers about settings requirements (both residential and non-residential), as well as additional requirements for provider-controlled residential settings. Links to the above-referenced materials will be included as part of the training as appropriate.</p> <p>The ICDD videos and federal CMS Settings Requirements toolkit are publicly available online . https://www.c-q-l.org/resources/projects/the-hcbs-act-project/</p>			
	<p>D. Retrain ISCs regarding discovery process, getting to know individual in multiple environments as part of PCP; monitor for competency.</p>	6	
<p>STATE RESPONSE The DDD is currently working on a review of the Person-Centered Planning process including a survey of ISCs and providers to gather input on the process for potential updates. Once potential updates are identified, ISCs and providers will receive additional training on the new, updated process.</p>			
	<p>E. Adopt DSP certificate of competency program and provide online training opportunities; monitor for competency.</p>	13	
<p>STATE RESPONSE</p>			

	<p>The DDD currently has a training program for the DSPs. A DSP certification program will be taken under advisement.</p>		
	<p>F. Be clearer in STP regarding the resources that will be dedicated to oversight and quality measurement activities. Adopt CQL 21 Outcome Measures to measure success. Include specific language in plan about how implementation of the HCBS Settings Rule, including requirements for provider-owned or controlled sites, will be evaluated.</p> <p>Track progress and outcomes at the state level by tracking if there is an increase in residential and day options focused on community engagement; the provider level by measuring the extent each HCBS participant has community access and integration; and the individual level by tracking outcomes related to increasing self-determination and community participation of HCBS participants.</p>	6	
	<p>STATE RESPONSE The DDD will take the CQL suggestion under advisement. The DDD’s process for complying with the Settings rule is outlined in the STP. DDD will report on its progress regularly to HFS.</p>		
	<p>G. Provide ongoing monitoring of compliance with PCP/Settings rule. Ensure assessments are applied equally across providers. Ensure that settings assessments performed by various DHS entities and the guidance they provide are consistent across the agency. Need to be clearer in STP regarding what is meant by the STP’s statement that the majority of settings are compliant.</p>	17	
	<p>STATE RESPONSE The IDHS agrees that the Settings rule should be applied uniformly across all Waiver providers, and that guidance regarding rule requirements should be consistent across IDHS.</p> <p>Specific to the Person-Centered Planning process, the DDD is currently working on a review of the process including a survey of ISCs and providers to gather input on the process for potential updates. Once updates are identified, ISCs and providers will receive training on the new, updated process.</p> <p>In January 2015, the Survey Research Office in the University of Illinois-Springfield’s Center for State Policy & Leadership issued its reports summarizing assessments of HCBS agencies providing residential and non-residential services. Data, analysis, and results were based on the agencies’ responses. The reports can be found at: https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx.</p> <p>The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021. Compliance data as reflected in the STP will be updated based on information gathered through these tools.</p>		
	<p>H. A number of commenters referenced the Ligas Consent Decree, several of whom expressed concern regarding the State’s ability to</p>	6	

		comply with the federal Settings rule given its struggles to meet the requirements of the Ligas Consent Decree.		
		STATE RESPONSE The DDD is dedicated to providing quality services and improving its delivery system.		
7	Better stakeholder engagement	A. Need to have broader involvement of consumers, family members and other stakeholders in the STP process, including but not limited to advocacy and self-advocacy organizations, families, ISCs, provider agencies, DSPs etc. Describe in STP how outreach through multiple access points will occur, in addition to the existing listserv process, how consumer-friendly updates will be provided.	27	
		STATE RESPONSE In January 2020 the DDD established a DD Advisory Committee (DDAC) comprised of self-advocates, families, provider agencies and advocacy groups. DDAC member bios can be found at: https://www.dhs.state.il.us/page.aspx?item=125259. The DDAC has discussed and provided initial input on the Division’s process for approaching the Settings requirements; it also reviewed and provided feedback on a draft self-advocate survey. Additional information will be incorporated into the next STP update.		
		B. Describe in STP how the State will keep stakeholders, particularly service providers and family members, up to date on rule and policy changes, updates of assessment tools, and how the State will seek input from them.	23	
		STATE RESPONSE The DDD already uses the DDD Comments listserv to keep stakeholders engaged in the process. In addition, the DD Advisory Committee (DDAC) has, and will continue, to review documents, assessments and other changes that may impact the service system. The DDAC is made up of a diverse group of stakeholders (see State’s Response to 7.A above). HFS, Illinois’ state Medicaid Agency, uses its Provider Notice webpage to communicate with the broader public. The Provider Notice webpage can be found at: https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx.		
		C. Describe in STP how support will be provided to individuals with intellectual or developmental disabilities as needed, so they may actively participate as stakeholders in reviewing materials that are in a format they understand and in communicating their feedback.	4	
		STATE RESPONSE The DDD partners with self-advocacy organizations and has developed the Developmental Disability Advisory Committee as described above..		
8	Review of state statutes, policies, procedures and	A. Need consistent assessments, person-centered planning that includes models outside usual home-based, CILA options. Develop/implement dignity of risk/risk assessment tools. Review and update implementation strategy tool/process as needed. Update	15	

practice to ensure compliance	assessments used by DHS BALC and DHS-DDD BQM to incorporate settings rule requirements. Have a metric for informed choice.		
	STATE RESPONSE The DDD has been working to update the DDD BQM assessment to incorporate the Settings Rule; the FY21 assessment should reflect those updates. BALC also is working to update the DHS BALC survey to incorporate Settings Rule requirements. The FY22 survey should reflect all of the updates, though many of them have been included for some time as part of BALC’s survey process.		
	B. Focus on helping adults with disabilities have meaningful/true inclusion in their communities. Better define what community inclusion, community integration mean.	39	
	STATE RESPONSE The DDD agrees that continued training is necessary to ensure all community providers are knowledgeable in community inclusion and community integration. Technical assistance is given to providers who demonstrate difficulty operationalizing this philosophy.		
	C. Need guidelines for providers for: determining an individual’s capability to make choices; balancing choice and risk; dealing with disagreements between individuals and their family or guardian about certain choices; potential liability for providers of allowing independence based on the assessments. Need more clear and specific info about how choices will be given to individuals, how they will have more choices in the future.	5	
	STATE RESPONSE Development of a training program on risk and the mitigation of risk to DD stakeholders, including ISCs, providers, individuals, and families, is currently under consideration by DDD. The ISC agency, as the conflict-free case management entity, should be involved when there is a disagreement in choice between a provider and participant. If the ISC is unable to resolve the dispute, it should be brought to the DDD after the steps outlined in the conflict resolution process. The Person Centered Planning process also includes a process for addressing disagreements within the planning process.		
	D. Need to have lease in plain language, or versions for people who don't have language. Need protections for provider if a renter leaves without notice.	3	
	STATE RESPONSE The DDD will issue an Information Bulletin on the Settings Rule requirements for leases.		
E. Need guidance for providers, individuals and their families that explains right restrictions within the context of the Settings requirements, and what it means for the person-centered planning process.	6		
STATE RESPONSE The DDD is currently working on a review of the Person-Centered Planning process that will address rights restrictions within the context of the Settings requirements. This will be communicated to stakeholders throughout the I/DD system.			

		F. Need to be clearer in STP about consequences for providers that fail to comply with Settings requirements. Include more detail in plan regarding notification of individuals, families and relocation of individuals being served by these providers.	3	
		STATE RESPONSE Moving forward, HFS will work with the sister waiver agencies to develop more detailed processes as it relates to: (1) coordinating with providers who ultimately cannot comply with the Settings requirements; (2) notifying individuals, families and guardians of this outcome; and (3) relocating individuals who are being served by these providers to other providers who are compliant. This will enable the State to have consistency across the waiver agencies in the handling of these important issues.		
		G. Review, revise, update or replace the ICAP assessment (example of Supports Intensity Scale)	8	
		STATE RESPONSE Use of a different tool was explored prior to the Guidehouse Rates Report. The DDD surveyed various states to get a better understanding of assessment options available, but alternative tools identified did not provide a full picture of individual functioning. The Guidehouse Rates Report recommends the DDD use a combination of ICAP and HRST assessment tools. The DDD is taking this recommendation under advisement.		
		H. Provide estimated timeframes for proposing and adopting DHS DDD rule changes to reflect federal requirements? What is the estimated time for updating DSP Training Modules to reflect federal requirements? For example, Module 5 Service Plans needs modified to incorporate changes relating to conflict free case management requirements.	1	
		STATE RESPONSE The DDD, in conjunction with the DDD Regulatory Advisory Board, has drafted proposed amendments to Rule 115 for CILA and Rule 119 for Community Day Services to include Person-Centered Planning and Settings Rule requirements. These Rules are currently under administrative review with the Department and expected to be posted for public comment in Winter and Spring 2021. The Board is currently reviewing Rule 120 (for all DD Waivers) and then will address Rule 117 for HBS; amendments to these Rules also include the Settings Rules requirements and Person-Centered Planning.		
9.	Provider reimbursement rates and adequacy of funding levels may be barriers to compliance	A. Need funding that reflects true cost of services/restores funding cuts from the previous administration. Make clear in Action Steps portion of the STP how the issues of rate inadequacy will be addressed.	35	
		STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements and offers recommendations to address such shortfalls. The recommendations will better reflect the true cost of services, subject to appropriation and waiver amendment.		

with the CMS regulations	B. Raise wages for DSP/other front-line workers above minimum wage.	38	
	<p>STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements. The Report recommends an average DSP wage higher than minimum wage. However, implementation of this recommendation is subject to appropriation and waiver amendment.</p> <p>Since the public comment period, the Division has been able to secure, through Waiver Amendment and legislative appropriation, additional funding for wages: (1) \$0.58/\$0.62 per hour rate increase effective January 1, 2020; (2) \$1.00 per hour rate increase effective July 1, 2020; and (3) \$0.50 per hour effective January 1, 2021.</p>		
	C. Need more funding for community integration services and inclusive community living: services; staffing levels sufficient to enable individualized choices and provide more individualized support; and increased reimbursement for transportation. A commenter recommended replacing the standard monthly maximum for transportation with a model that takes into account the hours of support being provided, the range of activities an individual is engaged in, etc.	61	
	<p>STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements and contains recommendations to address such shortfalls. Implementation of the recommendations will improve the service array options for individuals and improve staffing levels for individuals who require increased staffing, but are subject to appropriation and waiver amendment.</p>		
	D. Provide funding to help bring providers into compliance through model changes.	5	
	<p>STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve the service array options across the system.</p>		
	E. Address rate inadequacies that favor larger not smaller settings. One commenter noted that their current 4 bed CILA rate is operating at a loss.	9	
	<p>STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve the service array options across the system.</p>		
F. Need a funding model to reflect support needs for persons with moderate to profound needs, higher medical needs, higher behavioral health needs.	30		
<p>STATE RESPONSE</p>			

		<p>The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve support options for individuals who have increased needs.</p> <p>Additionally, the DDD is developing a Community Capacity Barriers & Expansion Report that would address and assess individuals' needs for current and future planning. This would also include needs around physical accessibility, high behavioral, and high medical needs. It would include a survey of ISCs and providers, as well as review best practices from other states to guide the DDD.</p>		
		G. Stabilization of Agencies; stabilization and retention of staff.	49	
		<p>STATE RESPONSE The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, the recommendation for an average DSP wage will be higher than minimum wage which would improve retention.</p>		
		H. Higher funding rates for ISCs to reduce caseload size adequately educate, train, and reimburse Independent Service Coordination (ISC) agencies to ensure they have the staff bandwidth needed to engage in meaningful person-centered planning.	11	
		<p>STATE RESPONSE Specific to the Person-Centered Planning process, the DDD is currently working on a review of the process including a survey of ISCs and providers, as well as a specific set of recommendations for changes to the process. ISCs and providers will receive training on the new, updated process once the review is complete.</p>		
		I. Improve funding model for intermittent CILA, be flexible to needs beyond 15 DSP hours per week.	7	
		<p>STATE RESPONSE The Guidehouse Rates Report resulted in a recommendation and pathway to revise how the non-24-hour CILA rates are billed and paid. This recommendation is under review with DDD. In addition, individuals can already receive more than 15 DSP hours per week. In June 2015 the Division issued Information Bulletin DD.15.060: Clarification of DSP Hours for Family and Intermittent CILAs, which addresses the 15 hours per week of DSP services. Although the standard number of DSP hours in Family and Intermittent CILAs is 15, the hours are not limited to 15. Requests for hours above the 15 hours receive special scrutiny from the Division during the approval process but can be awarded based on an individual's needs.</p>		
10	General comment or concern about the quality of a program and/or choice options	A. Do not allow institutions to self-monitor their own quality and safety.	30	
		<p>STATE RESPONSE All providers go through the same survey/auditing/review process by outside entities (the DDD, BALC, OIG, IDPH, etc.).</p>		
		B. Providers are not reporting critical incidents as they should.	2	

		<p>STATE RESPONSE The DDD would need more context in order to be able to assess this statement. The DDD has issued a draft Information Bulletin on CIRAS and is in the process of revising the CIRAS manual and updating the process to make it more streamlined. The DDD will follow up with training on the new manual once complete.</p>		
11	Settings rules may not recognize value of a particular setting in terms of impact and support to specific populations	A. Supports campus with CILAs larger than 4 persons, for individuals with higher needs.	2	
		<p>STATE RESPONSE The Settings Rule requires waiver settings to be integrated in and support full access to the community.</p> <p>For individuals with higher needs, the DDD is developing a Community Capacity Barriers & Expansion Report that would address and assess individuals needs for current and future planning. This would also include needs around physical accessibility, high behavioral, and high medical needs. It would include a survey of ISCs and providers, as well as review best practices from other states to guide the DDD.</p>		
		B. Supports keeping SODC facilities open in order to safely protect individuals and people in the community.	4	
		<p>STATE RESPONSE The Settings Rule specifically addresses HCBS Waivers. SODC facilities are not Waiver-funded settings.</p>		
		C. Supports preserving sheltered workshop as a choice for individuals who are not able to work independently, or who don't want to work in the community.	3	
		<p>STATE RESPONSE The Settings Rule requires waiver settings to be integrated in and support full access to the community.</p>		
		D. Need additional options as it relates to overnight visitors, concerned about the safety of other individuals and staff. Feels language regarding freedom to decorate would be difficult to implement in a multi-resident setting.	2	
		<p>STATE RESPONSE The Settings Rule requires that individuals receiving waiver-funded services be allowed to have choice in their roommates and in the furnishing and decorating of their home, to control their own schedule, and to have access to visitors at any time.</p>		
12	General Comments Regarding	A. Need to strengthen process for settings assessments: providers should not self-report on compliance; the assessment tool should be updated, with input from service recipients, families and providers;	29	

Statewide Transition Plan Process	service recipients and families should be part of the assessment process, with their input able to be provided in a confidential manner.		
	<p>STATE RESPONSE All providers are evaluated by the DDD through annual BQM reviews as well as through BALC surveys.</p> <p>The IDHS and DDD are working on a new process for Settings Rule compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021.</p>		
	<p>B. Need to redo the settings surveys for I/DD sites: many felt the STP’s reference to using 100 persons in a day program building as a threshold for review was too high. Many felt all sites should be redone, regardless of setting size, due to their concerns about relying on information that is now 5 years old. A commenter suggested 50 people as a threshold, though they felt it might not meet federal intent. Another suggested assessing at least 2-3 random sites from each CILA provider.</p> <p>Provide training to providers so they know what to expect. Need to have more detail in plan about how each category of settings will be scheduled for review and be assessed, how quality of services being provided will be assessed, etc.</p> <p>Recommend posting all categories (1-4) of provider site compliance for public/stakeholder review and comment, not only posting information on heightened scrutiny sites as noted in the STP.</p>	31	
	<p>STATE RESPONSE The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021.</p>		
	<p>C. Need to have more than one person with I/DD involved in the assessment review process. Need to include self-advocates and family members in all assessment and heightened scrutiny review teams, who have familiarity with various types of service options and have been trained on the rules. Explain who determines membership on these review teams.</p>	18	
	<p>STATE RESPONSE The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment and a self-advocate survey. The self-advocate survey will include questions relating to both their residential site and their day program. Information on the 3 surveys will be announced in Spring 2021.</p>		
<p>D. Need heightened scrutiny reviews to be consistent with the federal Settings rule and related guidance. Suggest using metrics to measure isolation factors/effects of isolating individuals from broader communities. Need better and more frequent communication with providers regarding heightened scrutiny reviews and designation.</p>	13		

		Build Heightened Scrutiny reviews into existing group processes, such as DHS Division of Developmental Disabilities' Bureau of Quality Management, to avoid duplication. Another commenter shared their concern that BQM already has plenty of work to do.		
		STATE RESPONSE The DDD agrees the Heightened Scrutiny reviews should be consistent with the federal settings rule and related guidance.		
		E. Need to make STP more transparent by making it readily available on all state waiver agency websites. Allow more time between when informational town halls and webinars on the STP are held and when comments on it are due. Suggest providing consumer friendly updates for stakeholders through the state's HCBS website: feedback provided by federal CMS on the STP; public comments submitted by stakeholders and the State's responses; and key milestone reports submitted to federal CMS.	12	
		STATE RESPONSE HFS will ensure all Waiver agencies have the STP link on their websites. The State will allow more time between any future webinars and when comments are due.		
		F. Several commenters identified areas for the State to work toward in the future as part of preparing its Final Statewide Transition Plan for federal approval. (the current plan is being submitted as an Initial STP for federal approval)	3	
		STATE RESPONSE The DDD appreciates the suggestions relating to the State's work toward the Final Statewide Transition Plan, and will take the suggestions under review for possible revisions.		
13	Comments or Questions not related to Statewide Transition Plan	A. Reduce administrative burden of Rule 119 on agencies.	7	
		STATE RESPONSE The DDD, in conjunction with the DDD Regulatory Advisory Board, has completed the first level of review and proposed revisions of Rule 119. The revisions will be available for review when posted for public comment. We hope to post for public comment by July 1, 2021. The administrative burden feedback has been taken into consideration.		
		B. Update, simplify DHS-DDD website; remove references to mental retardation from website.	7	
		STATE RESPONSE Since the STP public comment period, the IDHS, including the DDD, completed a review of and launched a redesign of the website. The DDD will ensure that all mentions of mental retardation are removed from the website.		
		C. Invest in real transition planning services, more education and training for teachers and transition coordinators in high school. Improve transparency in transition planning, hold districts	5	

	accountable. Start the discovery process early to identify individuals during their transition years for customized employment.		
	STATE RESPONSE The DDD will continue to work with the Illinois State Board of Education (ISBE) on smooth transition planning to adult services. The DDD is aware of a number of workgroups that are working to make this process easier and more streamlined.		
	D. Commenters offered suggestions for tax/ownership scenarios. Examples: Real estate tax protection for staying in own homes; family/guardian owner of condo/house, be landlords with guarantee of rent.	2	
	STATE RESPONSE The DDD appreciates the feedback received and will review.		

Appendix I

Information on Commenters – Sorted by Type and by Highest to Lowest Percent

Commenter Type	Number	Percent
Advocate	2	0.7%
Housing Advocacy Entity	1	0.4%
I/DD Advocacy Entity	14	5.1%
I/DD Provider Agency	2	0.7%
I/DD Provider Association	1	0.4%
I/DD Provider Entity	18	6.6%
I/DD Self-Advocacy Entity	1	0.4%
Indep Service Coord Entity	2	0.7%
Office of State Guardian	2	0.7%
Other Family	11	4.0%
Parent	109	39.8%
Self-Advocate	72	26.3%
Sibling	8	2.9%
Supporter	23	8.4%
Unspecified	8	2.9%
Total	274	100.0%

Sorted by Percent (*highest to lowest*)

Commenter Type	Number	Percent
Parent	109	39.8%
Self-Advocate	72	26.3%
Supporter	23	8.4%
Provider Entity	21	7.7%
Other Family Members	19	6.9%
Advocacy Entity	16	5.8%
Unspecified	8	2.9%
All Others	6	2.2%
Total	274	100.0%

Appendix J

Physical Location of Commenters by County

County	Commenter Type	Number	County Totals	% of Overall Total
Boone County	Self-Advocate	1	1	0.4%
Champaign County	Other Family	1	3	1.1%
	Self-Advocate	1		
	Sibling	1		
Cook County (Chicago)	Self-Advocate	16	24	8.8%
	I/DD Advocacy Entity	4		
	I/DD Provider Entity	2		
	Parent	2		
Cook County (suburbs)	Self-Advocate	36	74	27.0%
	Parent	24		
	I/DD Provider Entity	7		
	Supporter	3		
	Office of State Guardian	2		
	I/DD Provider Agency	1		
	Sibling	1		
Cook County (unspecified)	Other Family	4	7	2.6%
	Parent	2		
	Sibling	1		
DuPage County	Parent	9	16	5.8%
	I/DD Provider Entity	2		
	Sibling	2		
	Supporter	2		
	Self-Advocate	1		
Effingham County	Parent	3	4	1.5%
	Self-Advocate	1		
Jackson County	Parent	1	1	0.4%
Kane County	Parent	3	3	1.1%
Kankakee County	Parent	1	1	0.4%
Kansas	Sibling	1	1	0.4%
Lake County	Parent	9	10	3.6%
	Self-Advocate	1		
LaSalle County	Self-Advocate	1	1	0.4%
Lawrence County	Parent	1	1	0.4%
Lee County	Parent	1	1	0.4%
Livingston County	Indep Service Coord Entity	1	2	0.7%
	Self-Advocate	1		

County	Commenter Type	Number	County Totals	% of Overall Total
Macon County	Self-Advocate	2	3	1.1%
	Advocate	1		
Madison County	Parent	1	1	0.4%
McHenry County	Parent	2	2	0.7%
McLean County	Parent	3	7	2.6%
	Other Family	2		
	Self-Advocate	1		
	Sibling	1		
Nationwide	I/DD Advocacy Entity	1	1	0.4%
Nationwide Entity	Housing Advocacy Entity	1	2	0.7%
	I/DD Advocacy Entity	1		
Rural area	Supporter	1	1	0.4%
Rural IL (unspecified)	I/DD Provider Agency	1	1	0.4%
St. Clair County	Parent	1	1	0.4%
Statewide Entity	I/DD Advocacy Entity	8	10	3.6%
	I/DD Provider Association	1		
	I/DD Self-Advocacy Entity	1		
Tazewell County	I/DD Provider Entity	1	1	0.4%
Unspecified	Parent	43	87	31.8%
	Supporter	17		
	Self-Advocate	9		
	Unspecified	8		
	I/DD Provider Entity	4		
	Other Family	4		
	Advocate	1		
	Sibling	1		
Whiteside County	I/DD Provider Entity	2	3	1.1%
	Self-Advocate	1		
Will County	Parent	2	3	1.1%
	Indep Service Coord Entity	1		
Woodford County	Parent	1	1	0.4%
		274	274	100.0%

County	Number	Percent
Cook County	105	38.3%
Collar Counties	35	12.8%
Subtotal	140	51.1%
Unspecified	87	31.8%
All Others	47	17.2%
Total	274	100.0%

Appendix K - Number of Commenters by Consumer Living Type and Commenter Type

Commenter Type	Consumer Living Type	Number of Commenters		Commenter Percent of Total
		By Consumer Living Type	By Commenter Type	
Advocate	N/A	2	2	0.7%
Housing Advocacy Entity	N/A	1	1	0.4%
I/DD Advocacy Entity	N/A	14	14	5.1%
I/DD Provider Agency	N/A	2	2	0.7%
I/DD Provider Association	N/A	1	1	0.4%
I/DD Provider Entity	N/A	17	18	6.6%
	Unspecified	1		
I/DD Self-Advocacy Entity	N/A	1	1	0.4%
Indep Service Coord Entity	N/A	2	2	0.7%
Office of State Guardian	N/A	2	2	0.7%
Other Family	CILA	2	2	0.7%
	Family Home	8	8	2.9%
	Unspecified	1	1	0.4%
Parent	Family Home	56	109	39.8%
	Unspecified	39		
	CILA	9		
	Child Group Home	1		
	Family CILA	1		
	ICFDD-16	1		
	Intermit. CILA	1		
	Out of State Resid. School	1		
Self-Advocate	CILA	37	72	26.3%
	Unspecified	14		
	Family Home	11		
	ICFDD	8		
	Apartment	1		
	Own Home	1		
Sibling	Family Home	4	8	2.9%
	CILA	2		
	Own Home	1		
	Unspecified	1		
Supporter	N/A	23	31	11.3%
	Unspecified	8		
		274	274	100.0%

Family Home	79	28.8%
N/A	67	24.5%
Unspec	64	23.4%
CILA	48	17.5%
ICFDD	8	2.9%
All Other	8	2.9%
	274	100.0%

Appendix L

Top 10 Themes Based on Number of Comments Received

Theme	Number of Commenters	% of Total Commenters (274)
4A - Supports Individuals being able to make choices for their own lives: where to live, with whom; Supports individuals' rights to having own bedroom/apartment /home.	116	42.3%
3A - Need to rebalance funding toward community-based services. Examples from comments: make planned increases in community services in balance with reduction in institutional care; share data regarding shifts in funding toward person-centered services; build capacity for and Customized Employment and use of Assistive Technology.	89	32.5%
2G2 - Need various kinds of employment as waiver services – Integrated, Customized, Competitive, Supported – for individuals of all functioning levels. Require competency-based certification for customized employment personnel. Need to be clearer in STP regarding how State plans to make more resources available to expand capacity.	81	29.6%
4B - Supports individuals being able to choose what sort of job/volunteering/day program they want to pursue, being able to choose where they work, hobbies, community events to attend.	71	25.9%
2C1 - Need more staffing, day and housing options to support people requiring customized arrangements, with staff trained to meet their unique needs. Examples from comments: availability of placements with wheelchair accessibility; services for persons across the autism spectrum; individuals leaving SODCs; flexible supports so individual can stay in place as needs/health change; individual support services for people with higher medical or behavioral needs; medical supports as needed, such as a person who needs suctioning or has a seizure disorder.	70	25.5%
3B - Make more affordable and accessible housing options available for community supported living rather than group homes.	63	23.0%
4D - Supports individuals living a full life, being members of a community based on natural connections through common interests, providing adaptations that allow for true inclusion in the community. Four commenters were not in favor of reverse integration, a term for when individuals from the community come onto the grounds of a setting to participate in services or activities.	61	22.3%
5A - Need real person-centered planning, real discovery about interests. Planning process for individuals participating in programs needs reviewed to ensure personal plan reflects necessary changes. Individuals need to be included in the planning and in meetings.	60	21.9%
4C - Supports individuals having control of personal resources, control over their own schedules, having more food choices; supports other general aspects of the HCBS settings rule requirements.	57	20.8%
9C - Need more funding for community integration services and inclusive community living: services; staffing levels sufficient to enable individualized choices and provide more individualized support; and increased reimbursement for transportation. A commenter recommended replacing the standard monthly maximum for transportation with a model that takes into account the hours of support being provided, the range of activities an individual is engaged in, etc.	56	20.4%

Appendix M – Public Notice 2/5/2020

**Notice of Public Information
Illinois Department of Healthcare and Family Services
Home and Community-Based Services (HCBS)
Draft Statewide Transition Plan
Public Notice and Input**

The Department has completed a revised Statewide Transition Plan (STP) after receiving feedback from Centers for Medicaid and Medicare Services (CMS). The revised STP is available for public review and comment for a period of 30 days beginning on February 4, 2020 and will continue through March 5, 2020. Providers are encouraged to share this information with their residents, representatives, and other interested parties. The next submittal of the transition plan to CMS is scheduled for March 23, 2020.

The revised Statewide Transition Plan is accessible through the HFS website:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/TransitionPlan.aspx#Subhead6>

Comments may be submitted online HFS.SWTransitionPlan@illinois.gov or written comments may be mailed to:

The Illinois Department of Healthcare and Family Services
Attn: Waiver Management
201 South Grand Ave East, FL 2
Springfield, IL 62763

Persons who are unable to access the Internet may request a hard copy of the revised draft plan by calling HFS at (217) 524-4148.

Appendix N – Public Notice of STP Webinar Presentations - 2/5/2020

Notice of Public Information
Illinois Department of Healthcare and Family Services
Home and Community-Based Services (HCBS)
Draft Statewide Transition Plan
Public Notice of Webinar Presentations

The Department is hosting two webinar presentations regarding the revised Illinois Statewide Transition Plan that was posted on its website February 5, 2020. The same information will be covered in each session.

- Friday, February 28, 2020 at 10 AM
- Wednesday, March 4, 2020 at 1:30 PM

To register, please email a request to HFS.SWTransitionPlan@illinois.gov and a registration invitation will be sent to you. Note: State of Illinois Webex Portal is not able to accept registration through mobile applications, it must be done using a PC/laptop.

Providers are encouraged to share this information with their clients, representatives, and other interested parties.

Agenda for Webinar:

- Recap of Federal Person Centered Planning and Settings Rule Requirements – the foundation for why a Statewide Transition Plan is being done
- Recap of Key Points in SMD-#19-001, Federal Policy Issuance in March 2019 re: HCBS Regulations – Heightened Scrutiny Requirements
- Walk-Through of New Material/Updates to the Statewide Transition Plan from the one last posted on February 1, 2017.

There will not be a Q&A session as part of the webinar. The presentation and any questions/comments submitted via the webinar chat room will be recorded in order to ensure all information is accurately captured. Questions/comments may also be submitted to HFS.SWTransitionPlan@illinois.gov by 11:59 pm on Thursday, March 5, 2020.

All questions/comments received during the 30-day public comment period and the accompanying responses will be incorporated into the revised Illinois Statewide Transition Plan that will be submitted to federal CMS.

Some additional information:

The STP posted has a “Summary of Revisions to Illinois’ HCBS Waiver Statewide Transition Plan” on page 3 for reference. Below for easy reference is the information from page 3, with several clarifiers added since, highlighted in yellow.

New

Table of Contents

Summary of Revisions to Illinois’ HCBS Waiver Statewide Transition Plan

- Appendix A Major Rule, Policy and Form Changes Relating to Federal Person-Centered Planning and Settings Requirements
- Appendix C Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016
Sorted Alphabetically by Agency, County and City
- Appendix D Locations of Illinois HCBS Waiver Sites Receiving On-Site Assessment Visits in 2016
Sorted Alphabetically by County, City and Agency
- Appendix F Heightened Scrutiny Sites
- Appendix N Provider Notice - 12/31/2015

Updates

Throughout the Statewide Transition Plan to re-letter Appendices as necessary and update the federal Settings compliance deadline from March 17, 2019 to March 17, 2022

Executive Summary - Updates to language appearing on pages 8 through 17

- Appendix B-1 System Remediation Grid – Department on Aging Waiver
- Appendix B-2 System Remediation Grid – Division of Specialized Care for Children MFTD Waiver
- Appendix B-3 System Remediation Grid – DHS Division of Developmental Disabilities Waivers
- Appendix B-4 System Remediation Grid – DHS Division of Rehabilitation Services Waivers
- Appendix B-5 System Remediation Grid – HFS Supportive Living Program Waiver
- Appendix G Action Steps to Bring Illinois into Compliance
- Appendix O-3 Summary of Public Comment on Revised Plan – updated language at bottom of page 287 re: CMS guidance issued on 3/22/2019

Appendix O – Provider Notice 12/31/2015

HFS ► Medical Providers ►

Provider Notice issued 12/31/15

Revised Statewide Transition Plan for Home and Community-Based Settings

To: Supportive Living Providers (SLP)

Date: December 31, 2015

Re: Revised Statewide Transition Plan for Home and Community-Based Settings

In March 2015, the Illinois Department of Healthcare and Family Services (HFS) published a draft Statewide Transition Plan (STP) for the State's compliance with the Centers for Medicaid and Medicare Services (CMS) Home and Community-Based Services (HCBS) Rule 42 CFR 441.301(c)(iii). This rule requires that all federally approved 1915(c) waiver settings meet new federal requirements defining home and community-based settings.

The Department has completed a revised STP after receiving feedback from CMS and the initial public comment period. A summary of changes accompanies this notice. The revised STP is available for public review and comment for a period of 30 days beginning on December 4, 2015. Although the public comment period will end on January 3, 2016, the Department will continue to accept comments through January 18, 2016. Providers are encouraged to share this information with their residents, representatives, and other interested parties. The next submittal of the transition plan to CMS is scheduled for March 2016.

The [revised Statewide Transition Plan \(pdf\)](#) is accessible through the HFS website. Comments may be submitted online HFS.SWTransitionPlan@illinois.gov or written comments may be mailed to:

The Illinois Department of Healthcare and Family Services

Attn: Waiver Management

201 South Grand Ave East, FL 2

Springfield, IL 62763

Persons who are unable to access the Internet may request a hard copy of the revised draft plan by calling HFS at (217) 524-4148.

Felicia F. Norwood

Director

Provider Category Distribution:

2015	12/31/2015	prn151231a	Revised Statewide Transition Plan for Home and Community-Based Settings	Supportive Living; All Medical Assistance Providers; Ambulatory Surgical Treatment Centers; All Kids Application Agents Instructions & Alerts; Audiologists; Chiropractors; Community Mental Health Providers; Dentists; Department of Alcohol and Substance Abuse Provider; Durable Medical Equipment Suppliers; Early Intervention Services; Encounter Rate Clinics; Federally Qualified Health Centers; Home Health Agencies; Hospice; Hospitals; Imaging Centers; Laboratory; Local Education Agencies; Local Health Departments; Long Term Care; Nurses; Optometrists; Other Governmental Payors; Pharmacies; Physicians; Podiatrists; Renal Dialysis Clinics; Rural Health Clinics; School Based Health Services; School Based/Linked Health Center Services; Therapists; Transportation Providers; Waiver
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Continuation of Provider Notice – 12/31/2015

Summary of Revisions to Illinois' Home- and Community-Based Services Statewide Transition Plan

On March 16, 2015, the State of Illinois submitted to the Centers for Medicare & Medicaid Services (CMS) its Home and Community-Based Services Statewide Transition Plan (STP) for review, in accordance with the new federal rule regarding home and community based settings. On July 30, 2015, CMS responded, and Illinois updated the STP to address the points CMS made. Illinois is currently soliciting public comments on the second draft of the STP, and will incorporate public comments prior to our next submission to CMS in March 2016.

To provide clarity around the numerous changes that have occurred from the first draft submitted in March 2015 and the second draft currently under public review, the Department of Healthcare and Family Services (HFS) created this summary guide.

- Minor stylistic and typographical changes are interspersed throughout the document, and revised dates appear in the appendices to correct conflicts CMS noted in its letter.
- The first significant update appears at the top of page 5 of the revised STP. This change explains the means by which the State plans to reach 100% site survey responsiveness.
- Page 6 beginning with the paragraph "In addition, settings were asked to identify...", in response to a specific question from CMS, the State has clarified that settings that self-identify as farmsteads, gated or secured communities whose residents may not leave, or other specific types of sites, will be categorized as a Category 3 setting and subjected to heightened scrutiny.
- Page 7 explains the State's use of the five point "Likert Scale" to measure level of resident autonomy in the new first full paragraph.
- Page 8 contains new paragraphs to further explain the process by which the State will conduct onsite survey validation visits.
- Page 13 in the section that discusses system wide compliance and remediation strategies, the State added language to further detail its compliance process for settings found to be out of compliance with the federal rule.
- The last substantive modifications to the plan appear in the Monitoring of Ongoing Compliance section on page 15, which now includes additional details.